



MOTO GUZZI Club GB

New Member Application Form



Name(s) _____

Year of birth* _____

Year of birth* _____

Address _____

Post Code _____

Tel No _____

email _____

The items marked * are optional and help the club to maintain a profile of its membership. No details will be released outside the Club, and use is restricted to club management only.

Subscription Rates
(until 31st December 2014)

First year (incl. registration fee) £10 .-

Overseas Members add £ 2.-

Joint Membership (same address):
per additional person add £ 3.-

Payment Method

I pay £ _____ by _____

Cheque / Postal Order
payable to Moto Guzzi Club GB

Cash (Shows only)

Payment Card
For Card payments please use the Shop on the Club Website, www.motoguzziclub.co.uk, and follow the online instructions.

I apply for Membership of the Moto Guzzi Club GB.

Signature _____

Guzzis Owned

Model	Year	Colour
_____	_____	_____
_____	_____	_____
_____	_____	_____

For more details or more bikes please use a separate piece of paper.

Voluntary Rescue Register

The Club's Rescue Register is a list of phone numbers of members willing to offer aid etc. to fellow members. It is published online in the members-only section of the website.

I can offer the following services: (please tick as appropriate)

<input type="checkbox"/> Transport for Bike	<input type="checkbox"/> Garage Facilities
<input type="checkbox"/> Towing for Bike	<input type="checkbox"/> Spare Bed / Floorspace
<input type="checkbox"/> Mechanical Assistance	<input type="checkbox"/> General Hospitality

With my signature below I confirm that I agree to be bound by the Club rules (published on the website / available upon request).

I agree to my personal details being stored on digital media in accordance with the provisions and requirements of the Data Protection Act 1998.

Date _____ Signature _____

Additional Information

Have you been a member before? Yes / No

How did you find out about the MGCGB?

<input type="checkbox"/> Website	<input type="checkbox"/> Magazine Advert*
<input type="checkbox"/> Dealer*	<input type="checkbox"/> Show / Event*
<input type="checkbox"/> Other*	

*please give details _____

Please return the completed form to: **The Membership Secretary**
MGCGB
Eau End Farm
Helpringham Fen
Sleaford
NG34 0BS