

**CHRISTIAN MOTORCYCLE ASSOCIATION (TAS) Full MEMBERSHIP APPLICATION FORM**

Membership fees per financial year July—June (Payable from July 1st each year)

Single Membership - \$30.00  Family Membership - \$50.00  Pensioner Single- \$20.00

Pensioner Family \$30.00

(All membership levels will require signing of “Agreement with Statement of Faith” – for issue of CMA Badge)

Personal Contact Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Nominated Family Members (for Family Membership only)

\_\_\_\_\_  
\_\_\_\_\_

Christian References (Compulsory for Full Member Applications) Church Membership/Affiliation:

\_\_\_\_\_

CMA Member Sponsor: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

1) Referee: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

2) Referee: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Other Motorcycle Clubs: \_\_\_\_\_

- I /we apply for Full membership of the Christian Motorcyclists Association (Tas) and will provide an initial Police Check Record if requested.
- I /we give my/our consent for my/our personal contact information to be supplied to other CMA members and Associates upon request.
- I /we have enclosed a cheque / money order / bank transfer for my/our membership.
- I / we have read and agree with the statement of faith as detailed in the CMA (Tas) brochure.
- Full membership is renewable each year.

- I /we also acknowledge that as a Full member(s) I/we will be eligible to hold office (after the first year of membership) or vote in elections for Officers of the CMA, according to the constitution.
- I/we agree to participate in CMA activities in accordance with the objectives encompassed in the Associations Mission Statement.
- I/we agree that the CMA (Tas) may reject any application for membership without further explanation and that Full membership is not automatically accepted. Membership application monies will be returned in such a case.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please post Application Form with the appropriate fee to: CMA (Tas) 115 Little Village Lane  
Somerset 7322

Bank Transfer: BSB 807009    A/c 51212984    Description Subs: Reference name