

MEMBERS DETAILS

Please complete the following in BLOCK letters:

FULL NAME:.....D.O.B:.....

SPOUSES NAME:.....

HOME ADDRESS (including Post Code):.....

.....

.....

MAILING ADDRESS (if different):.....

.....

.....

HOME TEL NO:.....

E-MAIL:.....

CONTACT NO:.....

FORCE:.....

WORK ADDRESS:.....

.....

MOTORCYCLE(S) OWNED AND REGISTERED NUMBER(S):

.....

.....

IN CASE OF EMERGENCY, NOTIFY:.....

.....

FOR OFFICE USE ONLY

Membership List	<input type="checkbox"/>	To USA	<input type="checkbox"/>	Membership Card	<input type="checkbox"/>
Post List	<input type="checkbox"/>	BMF	<input type="checkbox"/>	Membership Cert.	<input type="checkbox"/>
Attendance List	<input type="checkbox"/>	UK& I.Conf	<input type="checkbox"/>	BMF Card	<input type="checkbox"/>