



ITALIAN MOTORCYCLE OWNERS CLUB

PO BOX 2568 CLAREINCH 7740 CAPE TOWN
SOUTH AFRICA

info@imoc.co.za ~ www.imoc.co.za



MEMBERSHIP APPLICATION FORM

Full Name					
Postal Address					
		Post Code			
Residential					
		Post Code			
Cell No		Can we SMS info?	Yes	No	
Landline (w/h)					
Fax No.					
Email	@				
ID Number					
Licence No					

Italian Motorcycle Currently Owned (use reverse if more space needed)

Make	Model	Year	Condition (see legend)

Other Motorcycles Currently Owned

Make	Model	Year	Condition

Condition: A – New, B - Restored to New, C - Customized to New, D - Running neat & clean, E - Running NOT neat & clean, F - Under Restoration, G - Pre-restoration complete, H – Bits in a box

Declaration : I agree to abide by the constitution and rules of the Club

Signature		Date	
Proposer			
Secunder			

IMOC reserves the right to allow, deny or withdraw membership

All SUBS Payments must be made to IMOC, Nedbank, Tokai Branch Code: 104309 (sometimes this requires a further 00 on the end) Account No.: 2043043587. Please use your name and SUBS as a reference and email proof of payment to info@imoc.co.za or fax to 0867329717

For Office Use Only			
Membership Type	Year	Subs Amount	Paid