

Membership Form



MEMBER INFORMATION

<input type="checkbox"/> New Membership Application	<input type="checkbox"/> Membership Renewal	Member Number (If known): _____
Name: _____		NRIC/Passport No.: _____
Address: _____		
Post code: _____		
Phone Home: ()	Work: ()	Mobile: ()
Email Address: _____		
Date of Birth: _____	Gender: _____	Nationality: _____
Motorcycle Details	Model: _____	Year: _____ Registration No.: _____

PAYMENT DETAILS

Membership Type:

Registration Fee - RM80 Annual Subscription - RM50 Renewal - RM50

Payment method:

Cheque (Cheque No.: _____) Cash

Cheque made payable to: **myClub Aprilia**

** Note: Attach a copy of your motorcycle registration card together with this form.*

STATEMENT OF COMPLIANCE

As a member of **myClub Aprilia**, I agree to abide by the rules, regulations, by-laws and all directions as issued by the club.

Ordinary Member Associate Member

Signature: _____ Date: _____

If a member is under 18 years of age:

Parent/Guardian's Name:

Signature: _____ Date: _____

Whom to notify in case of emergency:

Name/Relationship: _____ Contact No.: _____

Address: _____

Post code: _____

OFFICE USE ONLY - Membership Approval

MEMBER # _____

myClub Aprilia

69, Jalan Maarof, Bangsar 59000 Kuala Lumpur, Malaysia

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