

Antique Motorcycle Club of Manitoba Inc.

Membership application and roster form

Name _____

Address _____

Postal Code _____ E Mail _____

Phone _____ Cell Phone _____

Make of Bike	Year	No. of Cyl	CC	Category
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please use reverse side to list more bikes

Category:

A- Restored B- Being Restored C- Restorable D- Original E- Parts Bike F- looking for particular bike

I, _____, will abide by the By-Laws Of the Antique Motorcycle Club of Manitoba Inc.

Date, _____

Return this membership form with a cheque for \$25.00 (annual dues) To:

The Antique Motorcycle Club Of Manitoba Inc.

c/o 1377 Niakawa Road East Wpg. Mb. R2J 3T3