



Antique Motorcycle Club of Manitoba Inc.

Membership Application and Roster Form

Name _____

Address _____

Postal Code _____ E Mail _____

Phone _____ Cell Phone _____

Skill/ Interests/ Bio.

<u>Make/Model of Bike</u>	<u>Year</u>	<u>No. of Cyl</u>	<u>CC</u>	<u>Category</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

PO Box 155 Grp 326 RR3 Selkirk. MB. R1A 2A8

Or bring it to a meeting and hand it in to member of the executive.