

Club Membership No:

THE FIFTY NINE CLUB



AUSTRALIA Inc.

Membership Form

Date: _____

Surname: _____

First Name: _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Email: _____

Date of Birth: _____

Machine: _____

Club Membership No UK: _____ **AUS:** _____

Please Complete The Details Required And Send To:
The 59 Club Australia
P.O. Box 60
Healesville, VIC 3777

Thank You For Supporting The 59 Club Australia

Email: the59clubaustralia@hotmail.com

www.the59club.org.au

Phone: 0416 838 565

The 59 Club promotes safe & responsible riding & reserves the right to terminate Membership