



DUCATI Owners Club of South Australia Inc.

Membership form PLEASE PRINT CLEARLY

Date:..... Receipt # Date paid

New membership

Nominating DOCSA member:.....Signature:.....

Renewal Historic Registration (\$20 / vehicle / 3 years)

Year of joining:.....Membership number:

Name:

Address:

.....Postcode:

Phone (home):.....(mobile)

Email:.....

Date of birth:

Emergency contact (name and phone):

Bikes in your stable

Make	Year	Model	Registration Number	Historic (Y/N)

Privacy declaration

Motorcycling Australia (MA), Motorcycling SA Inc (MSA) and the Ducati Owners Club of South Australia (DOCSA) require the information requested on this form to provide you with membership services. Your personal information will only be used in accordance with the objectives of MA, MSA and DOCSA general business to provide you with membership services. Your details may, for example, be forwarded to event promoters and other related MA and MSA parties. You will be able to access your personal information through MA or the SCB upon reasonable notice. If the requested information on this membership form is not provided, you will not be able to receive membership services. I also authorise any hospital, medical practitioner, paramedic or first aid service to furnish to MA, MSA and DOCSA information relevant in the event I sustain any injury during Club sanctioned activities.

**Please complete and return with fees (\$40 per year) for the financial year, July 1 - June 30
Forms and money to be sent to The Secretary, DOCSA, PO Box 561, Kent Town SA 5071**

Signature:

General Meetings second Monday of the month at MSA clubrooms, 251 The Parade, Beulah Park.

OFFICE USE ONLY

Existing member

Payment received Receipt issued Card issued Database updated Email

New member pack

Receipt Back issues Sticker Letter Blurb

Date processed: