



# MORNINGTON PENINSULA MOTORCYCLE CLUB

Non – Member Questionnaire

DATE :.....

NAME :.....

PHONE NO:.....

EMAIL ADDRESS: **PLEASE PRINT CLEARLY**

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MOTORCYCLE MAKE/MODEL/SIZE CC:.....

RIDING EXPERIENCE: YEARS.....OR MONTHS.....

HOW DID YOU FIND OUT ABOUT THE M.P.M.C ?.....

WHAT ARE YOU LOOKING FOR IN BEING PART OF A MOTORCYCLE CLUB ?

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ARE YOU CURRENTLY A MEMBER OF ANOTHER MOTORCYCLE CLUB ?.....

IF YES, WHICH ONE ?.....

ARE YOU INTENDING TO JOIN THIS CLUB ?.....

WE MAY EMAIL YOU AN INVITATION TO JOIN THE M.P.M.C WITHIN ONE WEEK OF THIS RIDE ATTENDANCE WHICH WILL CONTAIN A MEMBERSHIP FORM.

PLEASE HAND THIS COMPLETED FORM TO THE LEAD RIDER.