

DUCATI OWNERS CLUB
V I C T O R I A

P. O. Box 16, Box Hill Vic. 3128
Incorporated Association. Registration # A80B
www.docv.org

2008 / 2009 NEW MEMBERSHIP APPLICATION / RENEWAL FORM

Please provide ALL details clearly. All details are highly confidential:

1st Members Name: _____	Member # _____
Address: _____	Phone: _____
Town/Suburb: _____	Post Code: _____
State: _____	Mobile Phone: _____
Email: _____	Funday # _____
Occupation: _____	To be supplied by Vice-President if required.
For Family Membership Only	
2nd Members Name: _____	Member # _____
Email: _____	Mobile Phone: _____
_____	Funday # _____
Occupation: _____	To be supplied by Vice-President if required.

All Renewal Fees due on the 1st March (Please Tick Selection)

All memberships will receive the monthly Desmoto (one per family membership)

<input type="checkbox"/> Joining Fee (Only paid on the 1st year of joining or when rejoining after 30th April)	Required by New Members and Lapsed members	\$20
<input type="checkbox"/> Family Membership	One to be an Owner of a Ducati motorcycle.	\$95
<input type="checkbox"/> Full Membership	Owners of Ducati motorcycles only.	\$65
<input type="checkbox"/> Associate Membership	All other applicants (Initial application to be nominated & seconded by a full financial member)	\$65

<input type="checkbox"/> New Membership (includes lapsed memberships)	<input type="checkbox"/> Renewal (Are the above details correct?)	Y/N
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Details of currently owned motorcycles (Mandatory to be completed in full – Please UPDATE each year):

Owner	Year	Make	Model	Registration	Vin Number

NOTE: Any additional bike information can be written on the back of this form.

Declaration: I/We hereby agree to abide by the Constitution of the Ducati Owners Club of Victoria (Inc.)

1st Signed: _____ 2nd Signed: _____

For New Memberships: (Authorized by Full Financial Members Only)

Nominated by: _____ Seconded by: _____

Please charge my Credit Card; (3% surcharge applies) **Charge Amount \$** _____

Card No: _____ / _____ / _____ / _____ Type(circle): Visa Mastercard Bankcard

Card Holder Name:.....

Card Expiry Date:/..... Signature of Card Holder.....

Committee Use Only		Initials	Date
Amount Paid	\$	Cash / Cheque /Credit / EFT	
Database updated			