# MEMBERSHIP APPLICATION FORM

24.04.07

**Ulysses Club Inc. P.O. Box 3242, Narellan DC NSW 2567**
**Phone: 1300 134 123 Fax: 02 4647 7740**
**ABN: 25 637 297 337**

Name: ……Date of Birth……../……../ 19……

Postal Address:
……

Post Code …… Telephone (……..)……..…….. Mobile ……..…….……

Email Address…….

If applying as a Pillion please state your spouse / partner's Ulysses Membership # …….....

***Important - Please read*** It is necessary for all membership applications **whether through a Branch** or direct to the Administration Office to have attached a photocopy of the applicant's motorcycle rider's licence OR a statutory declaration signed before a Justice of the Peace stating they are 40 years or older and holders of a motorcycle licence.

Where the application is made electronically, copies of proof of both age and licence details must be sent to the Administration Office as soon as possible for the application to be processed.

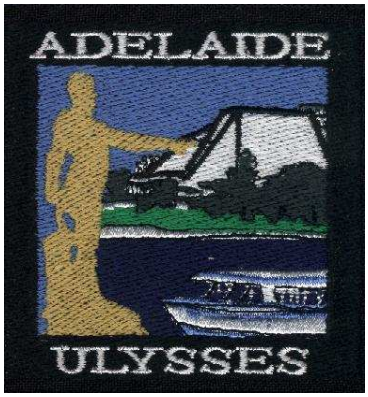
If you are applying as a pillion you must be the spouse or regular companion of a current Ulysses member and be 40 years old or over. Please attach your proof of age to enable your application to be processed.

Applications with Learners Permit/Licence will be accepted conditional upon the applicant eventually attaining their full motorcycle licence.

**The application will not be processed until the relevant information is received.**

I enclose

| | | |
|---|---|---|
| Joining Fee | $20.00 | **Mandatory** |
| 3 Year Subscription | $60.00 | **Mandatory** |
| The Ulysses Story | $12.00 | Optional |
| **Total Enclosed** | **$_____** | |




**PLEASE DO NOT POST CASH**

By signing below I acknowledge and understand that this application does not guarantee my acceptance as a member of the club. If accepted, I agree to abide by the constitution of Ulysses Club Incorporated and uphold its principles.

**I also grant permission for my name and phone number to be published in a membership directory produced by the Club for sale only to members. ***Strike out this sentence if you do not wish to be listed in the membership directory.*

Signed…….Date……../……/200…..

---

**PAYMENT BY CREDIT CARD**

**PLEASE DEBIT MY: ❑ MASTERCARD / ❑ VISA**

**Please ensure you have entered all the numbers on your credit card in the boxes below, your full name as it appears on your card, and the expiry date of your card in the spaces below.**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**Credit Card Expiry Date ……../……..**

**Cardholders Name**……..**Signature**……..

**Any queries regarding this application please contact the Administration Office on 1300 134 123 or email: administration@ulysses.org.au**