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FMXsa 2010 - FMXsa Rider Club Membership Form

Full name & title _____

Age on application: _____ Date of birth: _____

Name of legal guardian: _____
(If applicant is under 21)

Relationship to applicant & age at date of signing: _____ Age: _____

Home address: _____
Street & number: _____
Suburb / town: _____
Province: _____

Gender: Male Female

Phone number: _____

Email address: _____

Total years riding bikes: _____

Previous MSA Club memberships held with (list clubs & disciplines if any):

I hereby acknowledge that the above information is accurate and correct to the best of my knowledge:

Signed _____ at _____
(DD / MM / YYYY) (PLACE)

by _____
(SIGNATURE)

Signed by legal guardian if applicant is under 21 years of age