

Antique Motorcycle Club of Manitoba, Inc.

Membership Application and Roster Form

Please mail a photo of you and your bike to markrbaribeau@gmail.com

Name _____

Address _____

Postal Code _____ E Mail _____

Phone _____ Cell Phone _____

Skill/ Interests/ Bio. _____ Member since (year) : _____

<u>Make/Model of Bike</u>	<u>Year</u>	<u>No. of Cyl</u>	<u>CC</u>	<u>Category</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please use reverse side to list more bikes

Category: A- Restored B- Being Restored C- Restorable D- Original E- Parts Bike F- looking for this bike

I, _____, will abide by the By-Laws Of the Antique Motorcycle Club of Manitoba Inc.

Date _____

Ways to pay your annual membership:

E-transfer	Snail Mail cheque	PayPal - US Members ONLY
Email this form to Leif larsen.leif@gmail.com and Send the e-transfer to amcmtreasurer@gmail.com	Mail this form and a cheque made out to: AMCM % 5160 Portage Avenue Winnipeg, MB, R4H 1E7	Email this form to Leif larsen.leif@gmail.com and Send the PayPal payment in CAD \$ to jeffmcnaughton@hotmail.ca