



Kickstart Club Port Elizabeth

PO Box 34612
Newton Park
Port Elizabeth
6055

info@kickstartclub.co.za
www.kickstartclub.co.za

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Kickstart Club, Port Elizabeth and if elected, agree to abide by the Constitution and Rules of the Club.

Applicant _____ Proposer _____

Seconder _____ Date of application _____

First names _____ Surname _____

Spouse/Partner name (if applicable) _____

Phone: home _____ Phone: business _____

Cell _____

E mail address _____

Postal address _____

Postal code _____

Street address _____

Code _____

Details of motorcycles owned and current status. (Add separate sheet if needed)

Make	Model	Year	Status (On the road, restoration in progress etc.)

Signature _____ Date _____