



GoldWing Owners Club of Ireland Ltd

2017 Membership Application Form

Insert "S" for Single or "J" for Joint Membership in the Box

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Member 1 details marked* will be printed on the membership card and may be included in a future bar code.
 With Joint Membership, Member 2 name will be printed on the card.

* Member 1 Name											
* Title	Mr		Ms		* Date of birth (optional)	dd/mm/yyyy	/	/			
Address											
Town						County					
Country						PostCode					
Email											
Phone (landline)						Mobile No					
Email and phone numbers are requested for GWOCI contact purposes.											

Member 2 Name										
Email										

Bike			
Model	Solo	Sidecar	Trike
cc	O	O	O

Year		
Registration		

Trailer

Do you allow your name, phone no./town/county to be included in membership list for GWOCI members ?	Yes	No
Would you like your name, phone no. and town to be in the GWEF Help Guide? (limited number)	Yes	No
Do you have knowledge of any other languages? <input type="checkbox"/> Y <input type="checkbox"/> N If Y, Please state		
Are you a qualified First-Aider and willing to be part of the First Aid team at our Treffen?	Yes	No
Are you a member of any other GWEF Clubs? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please give details		

Membership Fees for new members : Single Member €25.00, and Joint Members €35.00
 Cheque, Bankers Draft or Postal Order made payable to Goldwing Owners Club of Ireland Ltd. If payment is made by bank transfer (IBAN: IE82 AIBK 9341 7840 8800 03. BIC: AIBKIE2D) your name should be quoted in the payment.
 Please complete this form in full and post it to the Membership Secretary: Barry Doran, 117 Meadowgate, Gorey, Co. Wexford, Ireland. Mobile phone: +353 (0)876873848 Email: membership@gwoci.com

Payment method (tick one)

Cash	Cheque	Bank Draft/Postal Order	Bank Transfer
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I/we have read and accept the constitution of GWOCI (published on our club web site www.gwoci.com)

Applicant's signature: _____

Joint Applicant's Signature: _____

For Membership Secretary use					
Date Received		Total Paid		Payment method	
Full Member	<input type="checkbox"/>	Associate Member	<input type="checkbox"/>	Life Member	<input type="checkbox"/>
GWOCI Pin(s)		GWOCI Patch(es)		Bike Sticker	
				Card sent out	
					Membership No.