



MOTORCYCLING NSW LIMITED

ACN 096 875 526 - ABN 20 096 875 526

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Phone: 02 9635 9177 Fax: 02 9635 5277

EMAIL: mnsw@motorcycling.com.au WEBSITE: www.motorcycling.com.au

Office use only

2010 LICENCE REPLACEMENT APPLICATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Mini | <input type="checkbox"/> Junior Club | <input type="checkbox"/> Junior National |
| <input type="checkbox"/> Senior Club | <input type="checkbox"/> Senior National | <input type="checkbox"/> Jnr/Snr Restricted National |
| <input type="checkbox"/> One Event National | <input type="checkbox"/> Speedway Mechanic | <input type="checkbox"/> Senior Recreational |

Licence Number:		Date of Birth:	
First Name:		Surname:	
Address:			
Suburb:		State:	Postcode:
Email Address:			
Phone Number:		Mobile Number:	

Replacement Licence

Endorsement Licence

I HAVE BEEN ENDORSED FOR

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Supercross | <input type="checkbox"/> Up to 200cc – 2 St | <input type="checkbox"/> Up to 250cc – 4 St | <input type="checkbox"/> Junior Road Race |
| <input type="checkbox"/> Speedway | <input type="checkbox"/> Sidecar Rider | <input type="checkbox"/> Sidecar Passenger | <input type="checkbox"/> Quads |

I HAVE ALSO INCLUDED RELEVANT TESTING SHEETS FOR ENDORSEMENT

I AM A MEMBER OF CLUB

Fee: \$11.00 (Please note there is a 2% surcharge if paying by credit card)

PAYMENT DETAILS: AMOUNT PAID \$..... Cheque/Money Order

OR DEBIT: VISA MASTERCARD Expiry Date: ____/____

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Account Name:
Signature: