



# GOZO MOTOCROSS

A S S O C I A T I O N

Tel: +356 2156 0106 Mob: +356 7927 3590 Email: gozomotocrossassociation@gmail.com  
Address: 49, Civic Council Street, Victoria - Gozo

## MEMBERSHIP FORM

All members of the Gozo Motocross Association are required to fill in this form.

**NEW MEMBER**  **RENEWAL OF MEMBERSHIP**  **MEMBERSHIP NO.** \_\_\_\_\_

### SECTION A: PERSONAL INFORMATION

<b>TITLE</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs
<b>NAME &amp; SURNAME</b>		
<b>ADDRESS</b>		
<b>POSTAL CODE</b>		<b>TELEPHONE</b>
		<b>MOBILE</b>
<b>EMAIL ADDRESS</b>		

<b>OTHER DETAILS</b>	
<b>I.D. CARD NO.</b>	
<b>DATE OF BIRTH</b>	
<b>BLOOD GROUP</b>	



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## SECTION B: MEMBERSHIP TYPE & PAYMENT

MEMBERSHIP TYPE	€10	
EXECUTIVE COMMITTEE		
MEMBER		
RIDER		

## SECTION C: DECLARATION

### DECLARATION:

I, the undersigned, declare that I have the ability to drive motors/dirt bikes suitable for this sport while I release to Gozo Motocross Association, its officers, sponsors, marshals and helpers from any trouble or damage I face or suffer during and / or after each competition and in training. I declare that the particulars given are accurate and I shall abide by the association's laws and regulations whose purpose is to ensure fair competition, free from any danger.

Signature of Applicant .....

Signature of Official .....