

THE CLASSIC MOTORCYCLE CLUB OF NATAL

INFORMATION UPDATE FORM

SURNAME: _____ INITIALS: _____

KNOWN NAME: _____

PARTNERS' NAME (if applicable) _____

POSTAL ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBERS: H _____ W _____

CELL: _____

E-MAIL ADDRESS: _____

ID NUMBER: _____

OCCUPATION: _____

LIST OF MOTORCYCLES ON ROAD: _____

LIST OF MOTORCYCLES BEING WORKED ON: _____

Thanks for your co-operation. Please add a list if the space available is not enough. Please to return to the secretary: salaub@hotmail.co.za or P.O. Box 41587, Rossburgh, 4072