



Membership Details Update Form

NOTE: Under the *Incorporated Associations Reform Act* the use of membership information is restricted for both the Association and all of its members to use for Associations purposes only and subject to the Associations Privacy Policy.

Date:

Member Number :

FULL MEMBER DETAILS (Each parent/guardian is a member of the Association)

Adult A			Adult B		
Title			Title		
Surname			Surname		
First Name			First Name		
Guardian/Parent	<input type="checkbox"/> Yes	<input type="checkbox"/> Rider	Guardian/Parent	<input type="checkbox"/> Yes	<input type="checkbox"/> Rider
Contact Details					
Home Phone			Home Phone		
Mobile			Mobile		
Postal Address:			Postal Address:		
Occupation:			Occupation:		

ASSOCIATE MEMBERS (Under 18 years of age - min. one parent or guardian to be nominated)

Name:		DOB:	
Name:		DOB:	
Name:		DOB:	
Name:		DOB:	
Name:		DOB:	

EMAIL ADDRESS

ALL ASSOCIATIONS NOTICES OF MEETINGS AND EVENTS ARE VIA EMAIL

PLEASE PROVIDE YOUR EMAIL ADDRESS:

MPMC Office Use Only (v2.0 26.4.2016)							
Date Received		Payment Method		Amount Paid		Receipt No	
Date entered in MPMC Register							