



# GoldWing Owners Club of Ireland Ltd

## 2022 Membership New/Renewal 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 contained in a bar code.

With Joint Membership, Member 2 name will be printed on the card.

Membership No.
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*	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

<b>Renewal</b>	
<b>Fees</b>	
Single Membership	<b>€20</b>
Joint Membership	<b>€25</b>

<b>New Membership</b>	
<b>Fees</b>	
Single Membership	<b>€35</b>
Joint Membership	<b>€45</b>

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 member of any other GWEF Clubs? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please give details		

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. Forms should be sent to the Membership Secretary, Barry Doran, 117 Meadowgate, Gorey, Co. Wexford, Ireland. Mobile phone: +353 (0)876873848 Email: barjenn@gmail.com

Payment method (tick one)	Cash	Cheque	Bank Draft/Postal Order	Bank Transfer
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Remember to check the club web site regularly for information ([www.gwoci.com](http://www.gwoci.com))

Member's signature:

Joint Member's Signature:

For Membership Secretary use						Membership No.
Date Received		Total Paid		Payment method		
Full Member	<input type="checkbox"/>	Associate Member	<input type="checkbox"/>	Life Member	<input type="checkbox"/>	
				Card sent out	<input type="checkbox"/>	