

The Westmorland Motor Club Ltd

Membership Form 2012

Please complete the form legibly as fully as possible in BLOCK Capitals

Full Name Preferred name on card
 (BLOCK LETTERS PLEASE)

Address

Postcode

Tele: (W)..... (H) (M)

Email address:

Occupation: Date of Birth/...../.....

Please allow up to 28 days for the receipt of your membership card. If it is required sooner please enter name & date of event:.....

Please indicate your area(s) of motorsport (Tick all that apply to you.)		
CARS <input type="checkbox"/>	BIKES <input type="checkbox"/>	BOTH <input type="checkbox"/>
Indicate you are willing to help with:		
Marshalling/Observing <input type="checkbox"/>	Event Organisation <input type="checkbox"/>	
Club Administration <input type="checkbox"/>		

I wish to apply for membership of WESTMORLAND MOTOR CLUB for 12 months from 1st January and agree to abide by the Rules of the said Club. (Please read the statement below, and then sign below)

PLEASE KEEP YOUR SIGNATURE WITH THE CONFINES OF THE BOX

I declare that I shall not drive any part of a competition which takes place on the public highway unless I hold a valid motor vehicle driving licence for cars (other than provisional). I am acquainted with and agree to be bound by the General Regulations of the MSA.

Signed:

Date

Cheques should be made payable to Westmorland Motor Club Ltd
 The Membership year is from 1st January to 31st December 2012

Fees: Adult £ 6.00
 Junior £ 3.00 Please indicate
 Family £ 12.00

For official use only Fee received £ _____ Method & Date Rcvd _____ Membership No: _____

Please return this form together with membership fee to
 The Membership Secretary
 T E MASON, WESTMORLAND, ENDMOOR, KENDAL, CUMBRIA LA8 0EW
 Tel: 015395 60600