

Warrington & District Motor Club

Membership Application Form 2010

When completed please return this form with the correct remittance to the Membership Secretary;
Jason McCarthy 23 HAFAN DEG, HOLYWELL, FLINTSHIRE CH8 7DB

Single Membership £ 10.00

Family Membership £ 15.00

A family membership shall consist of cohabiting couples and any children up to and including the age of eighteen (18) years, or in full time education.

Please make Cheques payable to Warrington & District Motor Club.

Forename: _____ **Surname:** _____

Forename: _____ **Surname:** _____

Children's Forename(s): _____

If your details are the same as last year then tick the box and sign the bottom of the form

Address: _____

Post Code: _____

Telephone No(s): _____

Occupation: _____

To which other Motor Club(s) (if any) do you belong: _____

E-Mail Address: _____

Would you like your Newsletter by: Post Or E-Mail

Do you intend to contest the W.D.M.C Rally Championship 2010? _____

I / We the undersigned agree to be bound by the rules of the Warrington & District Motor Club and the MSA and agree that the information entered on this form may be stored in a computer database.

Signature: _____

Signature: _____

Official Use Only	Date Paid:				
Membership No(s):					

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