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

Full Name ………………………Preferred name on card ……………………… 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  BIKES  BOTH 

Indicate you are willing to help with:

Marshalling/Observing  Event Organisation  Club Administration 

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 to be made payable to Westmorland Motor Club Ltd

The Membership year is from 1st January to 31st December 2020

 Fees: Adult £8.00 

For official use only

Fee received £

Method & Date Rcvd……………..

Membership No:………………….

Junior £3.00  Please indicate

Family £12.00 

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