

# The Westmorland Motor Club Ltd

## Membership Form 2016.

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 1<sup>st</sup> 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 1<sup>st</sup> January to 31<sup>st</sup> December 2016

Fees: Adult        £ 8.00      
          Junior       £ 3.00        Please indicate  
          Family       £ 12.00  

For official use only Fee received £ _____ Method & Date Rcvd _____ Membership No: _____
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Please return this form together with membership fee to  
 The Membership Secretary  
 T E MASON, WESTMORLAND, ENDMOOR, KENDAL, CUMBRIA LA8 0EW  
 Tel: 015395 60600