

STRATFORD-UPON-AVON MOTOR CYCLE CLUB

Membership Application for the year of: _____

Name: _____

Address: _____

Post Code: _____

 _____

email: _____

If under 18 years of age

Date of birth: _____

Signature of Guardian/Parent: _____

I am interested in – please tick appropriate box(es) -

Adult trials		Modern	
		Twin shock	
		Pre-65	
		Trail	
		Observing	
		Officiating	
		Organising	
Youth trials		Modern	
		Observing	
		Officiating	
		Organising	
Social			

Would you like to be sent an ACU Affiliation form? **Yes/No**
 This is required for participation in competitions.

I enclose the membership fee of £5.00 (competition member) or £2.50 (social member).
 Cheques to be made payable to: Stratford-upon-Avon M.C. & L.C.C.

Signature: _____ Date: _____

Please send or hand the form to the membership Secretary.