

Warrington & District Motor Club

Membership Application Form

When completed please return this form with the correct remittance to the Membership Secretary;
Denise Burns c/o 11 Coronation Drive Frodsham Cheshire WA6 7HS

Single Membership £ 5.00

Family Membership £ 8.00

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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): _____

Address: _____

Post Code: _____

Telephone No(s): _____

Occupation: _____

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

E-Mail Address: _____

Do you intend to contest the W.D.M.C Rally Championship 201__? _____

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: _____

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