



Kidwelly Motor Club

MEMBERSHIP FORM 2019

Full Name:

Date of Birth:..... Email:.....

Address:

.....

Tel No:..... Mobile:.....

MOTOR SPORT IS DANGEROUS!!!

Please complete below incase of emergency next of kin, 2nd in contact and GP details

Next of Kin Name: 2nd Contact:

Relationship to you: Relationship to you:.....

Address: Address:

.....

Contact No:..... Contact No

Mobile No: Mobile No:

General Practitioner:..... Name:

Tel:..... Address:

Please state any illnesses or allergies below:

.....

Your Signature:..... Print Name:.....

If you are under 18 parent/guardian must sign here: