

RS Clubman/ Competition
Licence Number:



Members
Number:

DAY MEMBERSHIP FORM

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:

Day Membership Fee - £3 Payment by BACS, or CASH
BACS payments to Kidwelly Motor Club, Sort Code 30-67-69 Account no: 16723168

Date Paid: Total Paid £.....