

RS Clubman/ Competition
Licence Number:



Members
Number:

FULL ANNUAL 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:

Membership Fee - £10 Payment by BACS, CASH or CHEQUE payable to Kidwelly Motor Club
BACS payments to Kidwelly Motor Club, **Sort Code 30-67-69 Account no: 16723168**

Date Paid: Total Paid £.....