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Please fill in the form insuring that **ALL** boxes are complete. Details not filled in correctly may mean you losing out on an award during the year.

Forename: Surname:

Date Of Birth: / / OR over 18? Under 21 on 01/01/2020?

Address:

Postcode:

Telephone: Mobile: New member?

Email:

Family Members

Family membership will be issued to parents / guardians and children under 18 at 1st January 2020 living at the address given above.

Add new family members by completing the boxes below.

Forename	Surname	D.O.B.	Over 18	Under 21 at 1/1/20	Mobile	Email Address	New member?

Single Membership £10 Family Membership £15

I DO NOT wish to receive any correspondence from Lampeter and District Motor Club.

Signature: _____

Date: _____

**** Membership will not be valid unless this form has been signed and dated****

Please return this form along with payment to Caryl Davies, Mayvor, Dihewyd, Lampeter. SA487PN

Please make cheques payable to Lampeter and District Motor Club Limited
A copy of the Lampeter and District Motor Club constitution is available on request.

For official use only

Paid
 Card sent/ issued (date:)
 Data entered

