**Membership Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Personal Information** | | | | | |  | | | | | | | | | | |
| Last Name: | | | | | | First Name: | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Town: | | | | County: | | | | | Post Code: | | | | | | | |
| Home Phone: | | | | | | Mobile Phone: | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| Alternative Email: | | | | | | | | | | | | | | | | |
| How we Contact You: (please tick as many boxes that apply) | | | | | | | | | Post | |  | Email | |  | Text |  |
| In case of emergency and as part of the club’s responsibility to its membership, ALL club members are required to complete the information below as accurately as possible. Details will be held securely with access restricted to authorised club officers only. | | | | | | | | | | | | | | | | |
| Next of Kin: | | | | | | | | | | | | | | | | |
| Relationship: | | | | | | Phone: | | | | | | | | | | |
| **Section 2: Additional Members** | | | | | | | | | | | | | | | | |
| **Name 1**: | | | | | | Mobile Phone: | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| How we Contact You: (please tick as many boxes that apply) | | | | | | | | | | | | Email | |  | Text |  |
| **Name 2**: | | | | | | Mobile Phone: | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| How we Contact You: (please tick as many boxes that apply) | | | | | | | | | | | | Email | |  | Text |  |
| **Section 3: Car/Driver Information** | | | | | | | | | | | | | | | | |
| Car Make |  | | Model |  | | | | Engine CC | |  | | | Race # | |  | |
| Licence # | | | | | | | Transponder # | | | | | | | | | |
| Car Make |  | | Model | |  | | | Engine CC | |  | | | Race # | |  | |
| Licence # | | | | | | | Transponder # | | | | | | | | | |
| Car Make |  | | Model | |  | | | Engine CC | |  | | | Race # | |  | |
| Licence # | | | | | | | Transponder # | | | | | | | | | |
| **Section 4: Membership Type** | | | | | | | | | | | | | | | | |
| Member Type | | Description | | | | | | | | | | | Qty | | Fee | |
| 1St Family Member | | Non-Race Member / Championship Competitor | | | | | | | | | | |  | | £ 35 | |
| Additional Family Member | |  | | | | | | | | | | |  | | £ 5 | |
| Please make payment either by bank Transfer to:- Minicross Drivers Association Ltd  Sort Code: 60-17-28 Account Number 90255259  or send for and cheque payable to: Minicross Drivers Association Ltd | | | | | | | | | | | | | | | £ | |
| **Section 5: Signatures** | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | Date | | | | |  | |
| I agree to accept and abide by the club rules of the Minicross Drivers Association | | | | | | | | | | | | | | | | |
| Additional Member Signature | |  | | | | | | | | Date | | | | |  | |
| I agree to accept and abide by the club rules of the Minicross Drivers Association | | | | | | | | | | | | | | | | |
| Additional Member Signature | |  | | | | | | | | Date | | | | |  | |
| I agree to accept and abide by the club rules of the Minicross Drivers Association | | | | | | | | | | | | | | | | |
| Any Further Family Members Please Add on a Separate Sheet along with Car details etc. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please return the form either by email: [membership@mini-cross.co.uk](mailto:membership@mini-cross.co.uk)  Or by post to :- **Sam O’Flanagan, 1 Godlings Way, Braintree, Essex, CM7 1HW** | | | | | | | | | | | | | | | | |