## **Membership Form**

Section 1: Personal Information									
Last Name:			First Name:						
Address:									
Town: County:					Post C	Post Code:			
Home Phone: Mobile Phone:									
Occupation:									
Email									
Alternate Email									
How we Contact You (please tick as many boxes the				Post		Email		Text	
In case of emergency and as part of the clubs responsibility to its membership, <b>ALL</b> 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:									
Mobile Phone:	Phone:								
Section 2: Additional Members									
Name 1: Mobile F				hone:					
Email:									
How we Contact You (please tick as many boxes that apply) Post [						Email		Text	
Name 2: Mobile Phone:					<u>,                                     </u>	J			
Email:									
How we Contact You (please tick as many boxes that apply) Post E						Email		Text	
Section 3: Car/Driver Information									
Car Make	Model								
Engine CC			Race # or Reg #						
Transponder #			Licence #						
Section 4: Membership Type									
Member Type	Description							Qty	FEE
1 <sup>st</sup> Family Member	Non Race / Championship Competitor								£40
Additional Family Member	Non Race / Championship Competitor								£5
Please make cheques payable to :- Minicross Drivers Association Ltd									
If you would like to Bank Transfer Please contact: <a href="mailto:membership@mini-cross.co.uk">membership@mini-cross.co.uk</a> Total Amount £									
Section 5: Signatures									
Signature						Date			
I agree to accept and abide by the clu	ub rules of Association	on							
Additional Member Signature						Date			
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I agree to accept and abide by the clu	ub rules of Association	on							
Additional Member Signature  I agree to accept and abide by the clu						Date			