



CIRENCESTER CAR CLUB

Membership
No:

Membership Application Form

Name _____

Address _____

Postcode _____

Telephone _____

Email _____

How would you like to receive your Club Newsletter ?

e Mail / Post / Both

On the 1st of October
I was Under 25, **YES/NO**

If Yes please confirm Date of Birth

I hereby apply for membership of the above Club and if elected agree to be bound by the Club Rules, attend the General Meeting of the Club as regularly as possible and assist the Club to the best of my ability.

I enclose herewith Cheque/Cash to the value of £

Cheques should be made payable to Cirencester Car Club.

Pay by BACS: Sort Code 32-92-06 Account Number 00956056 Reference your name

Membership year runs from November 1st to October 31st. Half fee due after May 1st

SINGLE MEMBERSHIP £10.00
EXTRA FAMILY MEMBER £5.00
STUDENT MEMBERSHIP £5.00 *

NEW	
RENEWAL	

*On production of a valid Student Card or equivalent.
Extra members residing at the same address may apply as an "Extra Family Member" at a reduced rate.
Membership entitles each household to ONE newsletter.

Signature of Applicant _____ Date _____

The information on this form will be held on computer file and will be used for Club contact purposes only.
Please return this form to the Club Membership Secretary:

Doreen Richards, Membership Secretary, CCC, 25 Burnivale, Malmesbury, Wilts. SN16 0BL

(Official use only)
Date Received _____ Payment PO/CASH/CHEQUE NO: _____

Card Sent _____ Payment passed to Treasurer: _____