

# Membership Form



Section 1: Personal Information									
Last Name:					First Name:				
Address:									
Town:			County:				Post Code:		
Home Phone:					Mobile Phone:				
Occupation:									
Email									
Alternate Email									
How we Contact You					(please tick as many boxes that apply)				
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 Phone:				
Email:									
How we Contact You					(please tick as many boxes that apply)				
Post				Email				Text	
Name 2:					Mobile Phone:				
Email:									
How we Contact You					(please tick as many boxes that apply)				
Post				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								£30
Additional Family Member	Non Race / Championship Competitor								£5
Please make cheques payable to :- Minicross Drivers Association Ltd								Total Amount	£
If you would like to Bank Transfer Please contact: <a href="mailto:membership@mini-cross.co.uk">membership@mini-cross.co.uk</a>									
Section 5: Signatures									
Signature								Date	
I agree to accept and abide by the club rules of Association									
Additional Member Signature								Date	
I agree to accept and abide by the club rules of Association									
Additional Member Signature								Date	
I agree to accept and abide by the club rules of Association									
Any Further Family Member Please Add on a Separate Sheet along with Car details etc.									