

BWRDC MEMBERSHIP APPLICATION FORM

Please complete this form (using BLOCK CAPITALS) and return to the BWRDC Membership Secretary
Jeremy Rivers-Fletcher, BWRDC, The Croft, Lighthorne Road, Kineton. Warwickshire. CV35 0JL

Contact details

Full Name including title: _____

Address: _____

Post Code : _____

Which forename do you like to be known by ? _____

Home Tel no : _____ Business Tel no : _____

Fax no : _____ Mobile Tel no : _____

Which of the above is your preferred contact number? _____

Email address: _____

Date of Birth: _____ Occupation: _____

Car/Kart Details:

Make: _____ Model: _____ cc: _____

What events do you intend to do? _____

What events have you done recently? _____

What are your ambitions? _____

What is your present road car? _____

How did you hear about the BWRDC? _____

I apply for membership of the British Women Racing Drivers Club, and, if I am accepted as a member, I agree to abide by the Rules of the Club as long as I remain a Member.

I apply to become a _____ ** Member of the BWRDC and to be elected as a **Full*/ Associate*** Member of the Club.

I enclose payment of £ _____ by **paypal*/ cheque*/ PO*** (make cheques/PO's payable to BWRDC) as per the enclosed rates for **Full*/Associate*/Non-Competing*** Membership for **One year*/Five years***.

* Delete as applicable

Enter the section you wish to join, e.g. **Race*/ Rally*/ Autocross*/ Rallycross*/Hill Climb and Sprint*/ Kart*/ Supporters*/ Officials*/ Wheelers*

Current MSA Licence Category and Status: _____ **Number:** _____

Signature: _____ **Date:** _____

NOTE: If the applicant is under the age of 16 years, permission/approval **MUST** be indicated by the dated signature of one of the applicants parents or legal guardians below:

Signature: _____ Date: _____

Full Name in Block Capitals: _____ Relationship to Applicant: _____

Please feel free to include any further details or clarifications to any of the items on this form on a separate sheet and to enclose a (non-returnable) photograph if you wish.