

## **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

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 ? .....

E-mail 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 **Race\*/ Rally\*/ Autocross\*/ Hill Climb and Sprint\*/ Kart\*/ Supporters\*/ Officials\*/  
Wheelers\*** Member of the BWRDC and to be elected as a **Full\*/ Associate\*** Member of the Club.

I enclose payment of £..... (make cheques/PO's payable to BWRDC) as per the enclosed  
rates for **Full\*/ Associate\*** Membership for **One year\*/ Five\* years**.

( \*please delete as required )

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 ..... Print Full Name in Block Capitals .....

Relationship to Applicant : ..... Date : .....

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.