## 2024 APPLICATION FORM

Full Name			Age	e (if under 18)
Address				
			Post C	Code
Email				Please write clearly
Telephone		N	lobile	
Additional Mem	ber 1:			
Full Name			Age	e (if under 18)
Additional Mem	ber 2:			
Full Name			Age	e (if under 18)
Additional Mem	ber 3:			
Full Name			Age	e (if under 18)
20	024 Membership			£12
Additional Fami	ly Members Living	at the same home	address	£3 each
Total Payment	£	BACS or Cheque	(please indic	cate payment)
or BACS Paym A/C No: 0028	nent to Minehead N 3826 Bank Sort (			ership
etc. We have pro and your rights u	oduced a Privacy Notion nder the Data Protecti		t we do with yo o view on the C	
contribute a sum up whilst I/We ar	, not exceeding £1 to t	he asset of the club in one year after I/We cea	the unlikely ev	arantee. I/We agree to rent of the club being wound ip of the club, as per the
I have read and comply with it	understand the Mind	ehead Motor Club's	Safeguarding	Policy and agree to
Signature(s)				
Applicant		Addititional Mer	nber 1	
Addititional Me	mber 2	Addititional Me	mber 3	
	•	emittance if paying b nd, Williton, Taunton	• • •	

email: membership@mineheadmotorclub.com