

WETHERBY AND DISTRICT MOTOR CLUB LTD

MEMBERSHIP APPLICATION FORM

SURNAME.....

FIRST NAME(S).....

FULL POSTAL ADDRESS.....

.....

POST CODE.....

TELEPHONE NUMBER.....MOBILE NO.....

E-MAIL ADDRESS.....

I AM/AM NOT UNDER 18 YEARS OF AGE (DELETE AS APPICABLE).....

DATE OF BIRTH IF UNDER 18.....

ACU AFFILIATED CLUB.....

ACU LICENCE NO.....

RIDERS SIGNATURE.....

PARENTS SIGNATURE (IF UNDER 18).....

PLEASE RETURN TOGETHER WITH YOUR MEMBERSHIP FEE ADULTS £10 YOUTH £5 CHEQUE

PAYABLE TO WETHERBY DISTRICT MOTOR CLUB LTD AND SEND TO JILL HARKER

GRASSFIELD VIEW, PATELEY BRIDGE, HARROGATE ,HG3 5JR.

Data Protection: I have read and under stood **The Auto Cycle Union Ltd and Wetherby & DMC Ltd Data Protection Policies** and consent to the collection and retention of my personal information by them and understand that the information therein may be shared with ACU Head Office /Centres/Organisers and event results will be published on the WDMC public domain.

Signed _____ **DATE**