

Date Joined	Single/Family	M'Ship	Amt Pd
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DOVEY VALLEY MOTOR CLUB 1995 LTD

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:	
Address:	
Postcode:	
Telephone:	
Mobile:	
E-mail:	

SPOUSE AND CHILD INFORMATION IF FAMILY MEMBERSHIP

Name:	
Mobile:	
E-mail:	

Name:	
Mobile:	
E-mail:	

Name:	
Mobile:	
E-mail:	

*family membership applies to co-habiting members & their children living in the same household

Membership: Single £10 Family £15

Signed _____ (1st applicant) Date: _____

Send completed form and cheque made payable to Dovey Valley Motor Club Ltd to:

Caryl Pughe, Llys Tudur, Darowen, Machynlleth, SY20 8NT