



**MEMBERSHIP APPLICATION FORM**

Full Name:

Address: .....  
 .....  
 .....

Telephone Number: .....  
 Mobile Phone Number: .....  
 Email Address: .....

Postcode: .....

Date of Birth:  /  /

I plan on using my membership to be a  
 (Tick all that apply):

MSA License Number (If owned):

- Marshal
- Driver
- Co-Driver
- Other  .....

- Championship .....
- Driver / Co-Driver .....
- Sponsor .....
- Other Information .....

**Membership Fee:**  
 Full Membership (17 Years & Over)    **£10**      
 Youth Membership (Under 17 Years)    **£5**   

**PLEASE MAKE ALL CHEQUES PAYABLE TO YSTRAD MYNACH MOTOR CLUB**

Internal Use Only:

Fee Paid  (Cash/Cheque)

Membership Number: .....

Date:  /  /

Card Issued:

Received By: .....

Please return all applications along with full payment and 1 x Passport photograph to:  
**Sharon Carter**  
**17 Ynysglyn Street**  
**Ystrad Mynach**  
**Caerphilly**  
**CF82 7ET**