

Enniskillen & District Motorcycle Club (Road Racing) Ltd



MEMBERSHIP APPLICATION FORM

Club	Secretary
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Fiona Ferris 102 Irvinestown Rd Enniskillen Co. Fermanagh BT74 6DN 02866325990 07484890253

Club Meetings are on the 3rd Thursday check www.enniskillen100revival.com for updates.

I hereby make application to join the Enniskillen and District Motorcycle Club (Road Racing) Ltd., and agree to abide by the rules of the club. I would like to take out annual membership as indicated below:									
FULL MEMBERSHIP £10.00 (Please complete sections A&C) JUNIOR MEMBERSHIP £5.00 (Please complete section A&C)		FAMILY MEMBERSHIP £20.00 (Please complete ALL sections) *ANNUAL RENEWAL DATE 1 ST SEPTEMBER*							
SECTION A Details of Applicant									
Principal Name: Address: Tel: AGE (please tick): [] 0-17 [] 18-24 [] 25-44 Do you require a competition Licence to be sent	[] 45-64	Pos Em	stcode:						
SECTION B Details of other family members									
Family Member Name 1. 2. 3. 4.	AGE: 0-1	7	18-24	25-44	45-64	65+			
SECTION C									
I enclose the relevant membership fee, to be returned if my application is not accepted.									
Signature of Applicant:Signature of Parent/Guardian:									
NEW MEMBERSHIP / RENEWAL (delete as appropriate)									

Notes to the Application. 1. The principal name on this application shall be treated as a full club member (age permitting) as per rules of the club.2. Other family members named in section B shall be deemed as social members. 3. Applications for membership to the Junior Section must be also signed by a parent/guardian if the applicant is under 18. 4. Any information given on this form shall be for club use only and will not be shared with any third parties.5. All cheques payable to Enniskillen and District Motorcycle Club.

NOTE: Application for new membership must be proposed by en existing club

member. Proposed by :.....(Club Member)