 **Club Membership 2020**

**Please return this form by post to QRS c/o Ann Wood, Halidean Mill, Melrose TD6 9DW**

**or save/scan and return by e-mail to ann@scottsview.co.uk**

Please highlight the type of club membership required

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADULT**  15 yrs+  on 1st January 2020 | | **YOUTH**  under 15 yrs  on 1st January 2020 | | **NON RIDER**  Adult or Youth  Club Supporter | |  | | |
|  | **£10.00** |  | **£10.00** |  | **£10.00** |  |  | |
| **Class entered (please HIGHLIGHT)**  Adult Champs /Adult Support /O40s  50 Auto / 100 Auto /100 2- stroke geared / 150 4-stroke geared / 250 modified / 250 open (hybrid) | | | | | | | | |
| Full Name: Click or tap here to enter text. | | | | | | | | |
| Date of Birth:Click or tap here to enter text. | | | | Age:Click or tap here to enter text. | | | | |
| Postal Address: Click or tap here to enter text. | | | | | | | | |
| POSTCODE: Click or tap here to enter text. | | | | | | | | |
| Preferred Race No: Click or tap here to enter text. | | | | | | | | |
| **If you would you like a SACU licence form, insert Y** | | | | | | Click or tap here to enter text. | | |
| Machine Model & Engine CC: Click or tap here to enter text. | | | | | | | | |
| Telephone No: Click or tap here to enter text. | | | | Mobile No: Click or tap here to enter text. | | | |
| E-mail: Click or tap here to enter text. | | | |  | | | |

I/we agree to be bound by the club rules and accept that failure to do so may result in termination of membership.

Signed: Click or tap here to enter text. Date: Click or tap to enter a date.

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| **PAYMENT**  Please tick selected method | **CHEQUE** made payable to “Quad Racing Scotland”. |  |
| **BACS** to sort code: 83-19-08 Bank Account: 00169537  quoting your name as reference |  |
| **PAYPAL** via **www.paypal.me/quadracingscotland** |  |