



APPLICATION FOR MEMBERSHIP

PLEASE PRINT IN BLOCK LETTERS AND DELIVER COMPLETED FORM TO ANY CLUB MEMBER

NAME: _____

DATE OF BIRTH: _____

BLOOD TYPE: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

PHONE CONTACTS: HOME : _____ CELL: _____ OFFICE : _____

EMAIL ADDRESS: _____

PREVIOUS EXPERIENCE IN COMPETITION: _____

CLAIMS ON INSURANCE IN LAST 5 YEARS: _____

VEHICLE (IF ANY):

MAKE : _____ MODEL : _____ REGISTRATION # _____

I HEREBY DECLARE THE ABOVE TO BE TRUE AND AGREE TO ABIDE BY THE RULES OF THE CLUB IF ADMITTED

SIGNATURE

DATE

APPLICANT MUST HAVE THIS APPLICATION SUPPORTED BY 2 MEMBERS OF THE CLUB

PROPOSED BY: _____ SIGNATURE: _____

PROPOSED BY: _____ SIGNATURE: _____

APPLICATION FEE: TT\$ 500.00

ANNUAL SUBSCRIPTION FEE: TT\$ 25.00

TOTAL PAID : TT\$ _____

RECEIVED BY: _____

DATE: _____

ACCEPTED AT COMMITTEE MEETING HELD ON _____