

Dunfermline & District MCC

Club Membership Application Form 2010

Membership secretary:

Mrs Ann Whiteford
17 Highfield Road
Scone
Perth
PH2 6RL
Tel: 01738 551167.

Web site: www.dunfermlinemcc.co.uk

Email: enquiries@dunfermlinemcc.co.uk

Full Name: _____
Address: _____

Postcode: _____ Phone No: _____
E mail address: _____ Date of Birth: _____

Please state what type of membership: Tick one box only.

Adult

£10.00

Cheques to be made payable to Dunfermline and District Motorcycle Club.

Youth

£5.00

Non-Licence Holders

Free

Do you require a SACU Competition Licence form? (YES/NO)

Declaration: I wish to apply for membership of the Dunfermline & District Motor Cycle Club and agree to bound by the rules and regulations as set out in the Constitution of the said Club and by any alterations and/ or amendments permitted by the same Constitution

Signature _____ **Date** _____

Signature(Parent/Guardian if under 18 years of age) _____ **Date** _____

For office use only
Membership No:

Date of issue: