

Dunfermline and District MCC

Club Membership Application Form 2019

Membership secretary:

Kirstin Pennycook
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Fife
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Tel: 01592 772867
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Web site: www.dunferlinemcc.co.uk

Email: K11RVE@HOTMAIL.COM

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

Family

£15.00

Youth

£5.00

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

Do you require a SACU Trials Registration 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: