



AUTO 66 CLUB
MARSHALS
ASSOCIATION



2010 MEMBERSHIP APPLICATION FORM

This form should be completed and RETURNED TO, THE SECRETARY, AUTO 66 MARSHALS ASSOCIATION, THE CIRCUIT OFFICE, OLIVER'S MOUNT, SCARBOROUGH, NORTH YORKSHIRE YO11 2YW

Please use BLOCK letters

Christian Name _____ Surname _____

Address _____

Postcode _____ Tel. No. (code _____) _____

e-mail address _____

Occupation _____ Date of Birth _____

2008 Auto 66 Marshal Association Membership No _____ Grade _____

I am also a member of the following clubs and marshal associations _____

I hold the following ACU/MSA Licences _____

Details of 1st aid qualifications _____

To be a full member you must be over 16 years of age. If under 18 years your application must be accompanied by a letter of consent from your parent or guardian.

I THE UNDERSIGNED WISH TO MAKE APPLICATION TO JOIN THE AUTO 66 MARSHALS ASSOCIATION, AND IF MY APPLICATION IS ACCEPTED I AGREE TO ABIDE BY THE RULES OF THE CLUB AND ASSOCIATION.

SIGNATURE: _____ DATE _____

Membership is valid from the date of application until 31st December 2010.