



Rhyl & District Motor Club Limited

Membership Application / Renewal Form 2019



Please complete this form in **BLOCK CAPITALS**

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|-----------|-------------------------------|--|--|--|--|--|--|--|--|--|--|
| Name: | Membership Number (if known): | | | | | | | | | | |
| Address: | Tel (Home): | | | | | | | | | | |
| | Tel (Work): | | | | | | | | | | |
| | Tel (Mobile): | | | | | | | | | | |
| Postcode: | Date Of Birth: | | | | | | | | | | |
| Email: | | | | | | | | | | | |

Please list below details of applicants if you are applying for joint or family membership.

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
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GDPR / Data Protection: The information supplied on this form is used to administer your Club Membership. We will share some of your information with service providers, for example, to print programmes and results. We may also share your information with Motorsport UK as required by its General Regulations and your information may be released to other Clubs for the purpose of issuing bulletins and regulations. **PLEASE TICK THIS BOX TO CONFIRM YOU AGREE.** You can change your mind at any time by just letting us know. Please see our **PRIVACY POLICY** on our website - www.rhyldmc.co.uk

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| Please tick if you require a copy of the club rules (new members will receive this automatically) <input type="checkbox"/> | How do you wish to be sent club communication | Paper <input type="checkbox"/> | Email <input type="checkbox"/> |
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|--|--------------------------------------|--|-----------------------------------|----------------------------------|--------------------------------|
| How did you first hear about Rhyl & District Motor Club? | Friend <input type="checkbox"/> | Internet <input type="checkbox"/> | Facebook <input type="checkbox"/> | Twitter <input type="checkbox"/> | Other <input type="checkbox"/> |
| | Other (please state) | | | | |
| What is your reason for wishing to join RDMC? | | | | | |
| What are your Motor Sport interests? | Stage Rally <input type="checkbox"/> | AutoSolo <input type="checkbox"/> | | | |
| | Road Rally <input type="checkbox"/> | Production Car Autotest <input type="checkbox"/> | | | |
| | Targa Rally <input type="checkbox"/> | Trials <input type="checkbox"/> | | | |
| | Autotest <input type="checkbox"/> | Other <input type="checkbox"/> | | | |
| | Please state: | | | | |
| Do you hold an MSA Competition Licence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Do you have any First Aid experience? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Do you hold an MSA Marshal Licence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Do you intend to assist on marshalling events? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Previous / Other Motor Clubs or Associations | | | | | |
| Business / Occupation | | | | | |
| Details of Competition Cars / Historic Cars / Cars | | | | | |
| Details of your Organising / Marshalling experience | | | | | |

