

Rhyl & District Motor Club Limited

motorsport uk

Membership Application / Renewal Form 2025
Please complete this form in BLOCK CAPITALS

Name:	Have you been a member of Rhyl and District Motor club previously?					ber if						
Address:	Tel:						•					
	Postcode: Date of Birth:											
Email:									<i>,</i>		 	
Email:												
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												
Please list below details	of applicants if you Date of Birth	are applying for joint Telephone		y mem	bership.			Em	ail			
Name	Date OI DITTI	reiepnone						Em	idii			
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Please tick if you require a copy of the club rules (new members will receive this automatically) Club communications will be sent via email. If you would prefer paper communications, please tick this box												
Please select the type or required and enclose fu	o (Single applicant 18 years of age or over) - £10.00								£			
your application. Meml to approval by the Exe of the Club. Your Mem	cutive Committee	Double membership (Two applicants residing at the same address) - £15.00								.00	£	
sent immediately after Committee meeting fol application.	the next month's	Family membership (Maximum two adults and children up to age 18 residing at the same address) - £20.00								£		
Please contact the Me if you require members	Parent/Guardian/G	n/Guarantor of the applicant(s) under the age of 18 years to them becoming member(s) of Rhyl & District Motor Club									nt due	
compete at short notic	Date:								£	ii uuc		
card will be issued to yo					Date: _				_			
				RΛC	S SO!	t coc	le 01 0	7.02				
Payment Method:	Cash	Cheque	BACS Sort code 01 07 02 A/C 56479026 Ref: Your Name									
				A/C	9/4סכ	UZb	кет: Ү	our N	iame			
I/we wish to become a member(s) of Rhyl & District Motor Club Ltd. and agree to be bound by the "Memorandum and Articles of the Company" and by-laws of the club.												
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Signed: -					υa	te:-						

Once you have completed this form, please forward along with the correct payment to the Membership Secretary at the following address: -

Additional information:

	Friend Internet		Facebook		Twitter	Other
How did you first hear about Rhyl & District Motor Club?					AutoSolo ction Car Autote Trials Other NO NO NO NO	
Other (please state)						
What is your reason for wishing to join RDMC?						
	Stage Rally				AutoSolo	
	Road R		Produc	tion Car Autote	st 🗌	
What are your Motor Sport interests?	Targa F			Trials		
	Autot			Other		
	Please state:					
Do you hold an MSA Competition Licence?	YES					
Do you have any First Aid experience?	YES	;			NO	
Do you hold an MSA Marshal Licence?	YES				NO	
Would you be willing to assist on marshalling events?	YES				NO	
Previous / Other Motor Clubs or Associations						
Business / Occupation						
Details of Competition Cars / Historic Cars / Cars						
Details of your Organising / Marshalling experience						

FOR OFFICIAL USE ONLY

Committee	Δ	ccept	tance	Rul	es Card				Treasurer (monies received)					
	Yes No		No	Yes	No :		ent:	Ar	nount:		Cash			
, ,										Ī	Cheque			
	_					/-	/	-		Ī	BACS			
Name	Stage	Drive	r I	Stage Co- Driver		Driver Road Navigato			Off Road		Clubmans			
	Exp	No	v Exp	Nov	Exp	Nov	Ехр	Nov	Ехр	Nov	Exp	Nov		
	Exp	No	v Exp) Nov	Exp	Nov	Exp	Nov	Exp	Nov	Ехр	Nov		
	Exp	No	v Exp	Nov	Exp	Nov	Ехр	Nov	Exp	Nov	Ехр	Nov		
	Exp	No	v Exp) Nov	Ехр	Nov	Ехр	Nov	Exp	Nov	Ехр	Nov		