

Vectis Motocross Club

2011 Membership Application Form

Please use a BLACK Pen and CAPITALS when completing this Form
All sections to be completed

Title..... (Mr, Mrs, Miss, Ms etc)

First Name..... Surname.....

Address.....

.....

..... Post Code.....

Home Tel No..... Mobile No (*Important*).....

E-Mail Address (*important*).....

Date of Birth.....

MCF Licence No (If Known)

Machines Owned..... CC.....

Preferred Rider No:.....

Signature..... Date.....

Signature of Parent / Guardian if under 18.....

Membership Fee *Riders* £30.00, *Non Riders* £10.00

All Cheques payable to: - Vectis Motocross Club

Return this form together with the appropriate amount to: -

Tracey Webb, 22 Carter Avenue, Shanklin, Isle of Wight

Isle of Wight. PO37 7LF

E-Mail – vectismx@hotmail.co.uk

Club Use Only

1) Fee Paid () Amount (£) Cheque No. ()

2) MCF Licence Seen () Number ()

3) Membership Card () Club Membership No. ()

4) Allocated Rider No. ()