



LEINSTER MOTOR CLUB

MEMBERSHIP FORM

SEASON 2010

***Please complete this form in block capitals and complete all sections**

NEW MEMBERSHIP [] *or* RENEWAL []

Name: _____

Membership Type: Single [] €15.00 | Family [] €20.00 (place X in box and enclose cheque or postal order made payable to the club)

Paid via Paypal? Please tick this box []

Address: _____

Phone No.: _____

E-mail address: _____@_____

Discipline: Sporting Trials [],
 Bike Trials [],
 Vintage and Veteran Runs [],
 Motor Car Racing [],
 Motor Bike Racing [],
 Official / Observer []

[] I agree to my details being stored on a database

[] I am over 18 years old

[] I agree to be bound by the Memorandum and Articles of Association of the Club and any further rules laid down by the committee.

SIGNED: _____