



Box Motor Club
MEMBERSHIP APPLICATION
FORM

Membership No.

PERSONAL DETAILS

First Name

Surname

Landline No

Mobile No

email

Address Line 1

Address Line 2

Town

Postcode

Please indicate below areas of involvement and interest.

Help and assistance of any kind is always welcome

Competitor

Official/Marshal

Festival of Transport

I am aged 16 or over and wish to be elected a full member of Box Motor Club, and if elected, I undertake to abide by the rules of the club.

Signed

Date

Please email to neil.boxmotorclub@gmail.com