

LONDON IRISH MOTOR CLUB

Application For Membership

Please complete in BLOCK CAPITALS

Full Name					
Address					
Home Telephone					
Work Telephone					
Email Address					
Sinlge £20	Paid	<input type="checkbox"/>	Not Paid	<input type="checkbox"/>	
Family &30	Paid	<input type="checkbox"/>	Not Paid	<input type="checkbox"/>	
Please make cheque's payable to London Irish Motor Club.					
What disciplines interest you? (Tick as many as appropriate)					
Stage	<input type="checkbox"/>	Road	<input type="checkbox"/>	Historic	<input type="checkbox"/>
				Speed	<input type="checkbox"/>
					Marshalling
					<input type="checkbox"/>
Other (Please Specify)					
APPLICANTS SIGNATURE	Post to: Heather Macleod				
DATE					4 Dorchester Way
SPONSORED BY					Hayes
SECONDED BY					UB4 0HU