

## **MEMBERSHIP APPLICATION FORM 2018**

Name:																																		
Address:													Г																					
Г			Π		П		Π	Ī		П			П			П	Ī	П	Π	Π	Г		Π	П				Π	Г				$\Box$	$\Box$
匸	Ī	T	Ī		Ī		Ī	Ī	Ī	Ī			Ī	П		Ī	Ī	Ī	Ī	Ī	Ī	Ī	Ī	Ī				Ī		Ī			Ħ	一
厂		Ħ	İ		Ī			İ	Ī	Ī			Ī			Ħ			Ħ		Ī	Ħ		Ī						Ī			Ħ	一
														_																				
Email Address:																																		
Мо	Mobile/Evening Telephone No: Aged 1															ed 17	17 or under Aged 18 or over																	
What types of Motorsport are you interested in? e.g. rallies, hillclimbing																																		
Non competing member																																		
Membership applications will be reviewed by the committee of Wexford Motor Club.  I agree to abide by the constitution of County Wexford Motor Club Ltd.																																		
SIGNED:																																		
	mple	etec	Tor Cou Bal Cas We	plic mas unty lycr tlel	ation Sca / W ane orid rd.	n for allar exfo e, ge,	rms n ord	Mo	l fee	es to	be b Ltd	retı	ırne	d to											For Official Use Only  Membership No  Date  Licence form received									
					<u>sec</u> 7-2				<u>exf</u>	ordi	<u>not</u>	<u>orc</u>	lub.	<u>ie</u>										_										_

For details on upcoming events and club news visit our website at  $\underline{www.wexfordmotorclub.ie}$ 

The club has the right to refuse a membership application without assigning a reason.





