



Stonehaven & District Motor Club Limited

Membership Application Form

Please complete in Capital letters

Name (in Full):

Home Address:

Postcode

Email (Home):

Email (Work):

Tel (Home):

Tel. (Mobile):

Tel (Work):

Date of Birth:

Sex: M F

NB: Information will be sent to members home email address given above unless otherwise notified.

NB: Please indicate your areas of interest:

Special Stage Rallying	Autotest	Marshalling	Social Evenings
Navigational Rallying	Autocross	Curling	Treasure Hunts
Classic Rallying	Production Car Trials	Scalextric	10 Pin Bowling
Sprints / Hillclimbs	Event Organisation	Console Games	Other (specify)

To: THE STONEHAVEN AND DISTRICT MOTOR CLUB LIMITED

The Stonehaven and District Motor Club Limited is a company limited by Guarantee and does not have a share capital. A copy of the Memorandum and Articles of Association may be inspected at the club. Members are required, before they may exercise a vote, to sign the guarantee below.

I hereby apply for Membership of the Club.

I, the undersigned, desire to become a member of the Club (a Company limited by Guarantee and have not having a share capital) and request and authorise my name to be entered as a member in the Register of Members of the Club, and I undertake to contribute to the assets of the Club in the event of its being wound up while I am a Member or within in one year after I cease to be a Member, for payment of the debts and liabilities of the Club, contracted before I cease to be a Member and of the cost, charges and expenses of winding up and for adjustments of rights of the contributories among themselves such amounts as may be required not exceeding the sum of ONE POUND.

Signature:..... Date:.....



Return completed membership form and membership fee to:

Adrian Stewart, 33 Deevie Road South, Cults, Aberdeen AB15 9NA

email: membership@sdmc.co.uk

Individual Member	£20.00
Family Membership (2 family members at one address)*	£30.00
Under 16 Member	£10.00

Admin only:

*Please provide both family member details

Membership No.		Renewal Due	
Membership Type	Individual Family Under 16	Amount Paid	
Membership Card			
Sent (Date):		Cheque Cash Paypal	