



Recognised Club

2019 Membership Application Form

(Please complete form in **BLOCK CAPITALS**)

Full Name:

Address:

Postcode:

Home Tel: Mobile:

Email Address:

MSA Licence Holder YES/NO – IF YES, WHICH LICENCE DO YOU HOLD:

Which championship are you competing in:

Are you a member of any other motor club YES/NO (Please Circle)

If yes, which Club

TO BE COMPLETED BY THE APPLICANT

LHMC 2019 COMPETITOR MEMBERSHIP **£30.00** – YES / NO (Please circle)

LHMC 2019 ASSOCIATE MEMBERSHIP - **£15.00** – YES / NO (Please circle) (Not eligible to participate in any on circuit activity)

Please register me for the Membership of Lydden Hill Motorsports Club and I agree that as a duly elected member paid up to 31/12/19 and is, therefore, authorised by the Motorsport UK on the conditions stated overleaf, to take part in all competitions confined to members of this club or defined as clubman events under Motorsport UK Regulations.

I declare that I shall not drive in any part of a competition which takes place on the public highway unless I hold a valid motor vehicle RTA licence for cars (Other than provisional). I am acquainted with and agree to be bound by the General Regulations of Motorsport UK.

Signature of Member:

I enclose a Cheque for **£30.00/£15.00** Made payable to Lydden Hill Race Circuit (Please delete which is not appropriate)

Or

I have deposited **£30.00/£15.00** into the LHMC Bank Account Sort Code : 40-18-41 and Account Number: 73954862 using my name as reference.

or

Card Number Exp Date..... S/C

Return form and cheque payment to Lydden Hill Motorsport Club, Wootton, Nr Canterbury, CT4 6ET

Office use only			
Date Received	Payment Received	Membership Number	Date Card Sent