

No:			

MEMBERSHIP APPLICATION



FULL MEMBER valid for 12 months

101	FULL MEMBER Valid for 12 monus					
Title:	First Names:	Surname:			Initials:	
Address:				*		
Town:		Postcode:				
Home Tel:		Mobile Tel:				
Email:		,				
	JOINT FAMILY MEMBER over 18 years - Me	embers children under 18 yea	ırs are covered wit	hin the membershi	Þ.	
Title:	First Names:	Surname:	Initials:			
Date:		Full Member Signature:				
Date:		Joint Member Signature:				
	nd the Club is Limited by Guarantee which means I may following the end of my membership. PLEASE CONTACT THE OF AND FILL IN THE DIRECT DEB	FICE WITH YOUR FIRST	YEARS PAYME	NT	embership and	
Where did	you hear about the Club?					
Advert	Dealer		Γ	Dealer Stamp / T	rade Show	
Campsite	Trade Show					
Insurance (Company Friend					
Internet	Member					
Facebook	Introducing Member	Membersh	ip No.			
Other						
CO AVAMNED	Instruction to your Bank or Building Society to pay by Motor Caravanners Club Limited (by Guaran		ORIGINATORS ID			
10 20 20 20 20 20 20 20 20 20 20 20 20 20	Wood Farm Estate, Marlbank Road, Welland, Malver Telephone: +44 (0) 1684 311677	n WR13 6NA	8 3 0	3 7 1	DIRECT	
To the Manager at: Bank/Building Society			Please pay the Motor Caravanners Club Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee			
Branch Addre	255		Signatures			
Town	Postcode					
WASS-1750-	las Nama (s		Data			
Account Hold Sort Code	ler Name/s Account Number		The Motor Caravanners Club Ref: (Office Use)			
Soft Gode			Julia Salaramo			