

**THIS FORM CAN BE COMPLETED BY TYPING INTO OR TICKING THE RELEVANT BOX**

**THE LIVERPOOL MOTOR CLUB**  
**Application for Membership**

**For official use only**

WEB

Fee received: £ \_\_\_\_\_

Method & Date: \_\_\_\_\_

Membership No \_\_\_\_\_ Priority \_\_\_\_\_

Please complete the form clearly USING CAPITAL LETTERS & tick boxes where appropriate.

Full Name: \_\_\_\_\_

Preferred first name on card if different to above: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tele: (D) \_\_\_\_\_ (H) \_\_\_\_\_

(M) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email: \_\_\_\_\_

@ \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M/ship No if renewal: \_\_\_\_\_

Please indicate your area(s) of interest in motorsport. (Tick all that apply to you.)

|           | Rally                    | Sprint                   | Race                     | T/Day                    |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Driver    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marshal   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigator | Event<br>Organiser       | Club<br>Social           | Club<br>Admin            | Spec-<br>tator           |
|           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Important Notice:**

By including your email address on this form, you are agreeing to receive communications from Liverpool Motor Club by email. We may send your Club Bulletin and information about future LMC events to you electronically. In accordance with the Data Protection Act, we will never release your postal or email address to another club or third party without first obtaining your permission. However, we reserve the right to release your details to the emergency services, the venue owners and/or our insurers in the event of an accident. Please add [ @liverpoolmotorclub.com ] without brackets, to your spam filters as a friend, to ensure receipt of Club Bulletin etc.

Please allow up to 28 days for the receipt of your membership card. If it is required sooner please enter name & date of event:  
\_\_\_\_\_  
\_\_\_\_\_

I wish to apply for membership of **Liverpool Motor Club** for 12 months from 1<sup>st</sup> January and agree to abide by the Rules of the Club.

**Please read the statement below, and then sign below in BLACK INK.**

**This signature will be used to produce your membership card.**

**PLEASE KEEP YOUR SIGNATURE WITHIN THE CONFINES OF THE BOX**

I declare that I shall not drive any part of a competition which takes place on the public highway unless I hold a valid motor vehicle driving licence for cars, (other than provisional).

I am acquainted with and agree to be bound by the General Regulations of the MSA.

Signed:-

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Fee: £10.00**

The membership year is from 1<sup>st</sup> January to 31<sup>st</sup> December.

Please return this form to: **The Membership Secretary**  
**Liverpool Motor Club**  
**290 Big Meadow Road**  
**Wirral, CH49 9AW**