

**LEIGHTON BUZZARD MODEL CAR CLUB
MEMBERSHIP APPLICATION FORM**

Club Year 2018

Full Name _____

Address _____

_____ Post Code _____

Telephone _____ Mobile _____

Email Address _____

BRCA Number _____ (If BRCA Membership Held)

Crystals (minimum of 3 required) _____

Personal transponder number _____

I agree to abide by the terms and conditions of the constitution
Please tick the appropriate box to indicate type of membership required.

Senior £10

Junior £5
Under 16/Full Time Education

BRCA £20 Please complete a separate BRCA form and provide a cheque,
made payable to "BRCA"

Signed _____ Date _____

(Please make cheques payable to **Leighton Buzzard Model Car Club**)

If the applicant is under 16 years of age, Please complete the following.

Date of birth _____ Age _____

I approve of the above persons membership to Leighton Buzzard
Model Car Club.

Signed _____ Date _____
Parent or Guardian

Club Record Number:

Paid:

Date: