

OFFICE USE ONLY

DATE RECEIVED:

MEMBERSHIP No:



FULL NAME

MSA LICENCE HOLDER - YES NO
(PLEASE CIRCLE)

ADDRESS

IF YES, WHAT LICENCE DO YOU CURRENTLY HOLD?

POSTCODE

PLEASE STATE WHICH MOTORSPORT
EVENTS/CHAMPIONSHIPS YOU PARTICIPATE IN

TEL (HOME)

TEL (MOBILE)

EMAIL

MEMBER OF ANY OTHER MOTORCLUB? - YES NO
(PLEASE CIRCLE)

IF APPLYING FOR JOINT MEMBERSHIP PLEASE FILL IN BELOW
DETAILS:

IF YES, WHICH CLUB(S)/ASSOCIATION?

FULL NAME

ADDRESS (IF DIFFERENT FROM ABOVE)

POSTCODE

TEL (HOME/MOBILE).....

EMAIL

TO BE COMPLETED BY THE APPLICANT (S)
(PLEASE TICK ONE OF THE FOLLOWING OPTIONS)

LHMC FULL MEMBERSHIP - £20

LHMC JOINT MEMBERSHIP - £30

PLEASE REGISTER ME FOR MEMBERSHIP OF THE LYDDEN HILL MOTORSPORT CLUB ("THE ASSOCIATION")
I, (BEING OVER 14 YEARS OF AGE) WISH TO BECOME A MEMBER OF THE ASSOCIATION AND IF ELECTED I UNDERTAKE TO ABIDE BY THE RULES, MEMORANDUM AND
ARTICLES OF THE ASSOCIATION AND AGREE TO CONTRIBUTE TO THE ASSETS OF THE ASSOCIATION IN THE EVENT OF IT BEING WOUND UP WHILE I AM A MEMBER OR
WITHIN ONE YEAR AFTER I CEASE TO BE A MEMBER FOR THE PAYMENT OF THE DEBTS AND LIABILITIES OF THE ASSOCIATION CONTRACTED BEFORE I CEASE TO BE A
MEMBER AND THE COSTS, CHARGES AND EXPENSES OF WINDING UP FOR THE ADJUSTMENTS OF OTHER RIGHTS, SUCH AMOUNT NOT EXCEEDING £1 (ONE POUND) AND
THAT I KNOW THAT THE ASSOCIATION (LYDDEN HILL MOTORSPORT CLUB) IS A COMPANY LIMITED BY GUARANTEE.

SIGNATURE AGE IF UNDER 18

I ENCLOSE A CHEQUE FOR £..... MADE PAYABLE TO 'LYDDEN HILL RACE CIRCUIT LTD'

OR

PLEASE CHARGE MY CREDIT CARD:

CARD NUMBER EXP DATE/.....

START DATE / ISSUE No SECURITY No

PLEASE RETURN TO LHMC, LYDDEN HILL RACE CIRCUIT LTD, WOOTTON, CANTERBURY, KENT, CT4 6RX