

2
0
1
7
.
2
0
1
7
.
2
0
1
7
.
2
0
1
7
.
2
0
1
7
.
2
0
1
7

2017 MEMBERSHIP APPLICATION



SIMPLY FILL IN YOUR DETAILS BELOW IN BLOCK LETTERS

SURNAME.....

FIRST NAME(S) IN FULL.....

ADDRESS.....

..... POST CODE.....

TEL. No. (CODE.....)..... Mobile.....

Email:.....

OCCUPATION..... Date of birth.....

MEMBERSHIP

Day Membership £10 payable with event entry only

Member 11 years and over

£30

Membership does not allow free admission to any Auto 66 Events.

Membership applied for after the 30th September will continue to the 31st December of the following year.

Road Race Preferred Riding Number 1st Choice 2nd

FREE
1st COME
1st SERVED

(This applies to Club Road Races only)

IF YOU WISH TO COMPETE AND REQUIRE ENTRY FORMS YOU CAN DOWNLOAD THEM FROM www.auto66.com

PLEASE TICK THE BOX INDICATING WHICH BRANCH OF THE SPORT YOU WILL BE COMPETING IN

ROAD RACING **BIKE HILLCLIMB/SPRINT** **CAR HILLCLIMB/SPRINT**

ACU & MSA COMPETITION LICENCE APPLICATION FORM CAN BE DOWNLOADED FROM THE WEB PAGE

*I would like to help out at meetings please enrol me on the **MARSHALS REGISTER** PLEASE TICK IF YES*

I, the undersigned, wish to make application to join the Auto 66, and if my application is accepted I agree to abide by the Rules of the Club.

I enclose £ for one year's subscription ending 31st December, 2017.

Cheques payable to Auto 66 or you may pay by debit or credit card. Signature..... date.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Please tick appropriate box

ISSUE DATE

EXPIRY DATE MAESTRO CARD ISSUE NO. Please charge my Account **£**

SECURITY N°
The last 3 digits on your signature strip Name & Initial

SIGNATURE DATE

Auto 66, The Circuit Office, Oliver's Mount, Scarborough, North Yorkshire, YO11 2YW.