



AUTO 66 CLUB
MARSHALS
ASSOCIATION



2017 MEMBERSHIP APPLICATION FORM

This form should be completed & **RETURNED TO, THE SECRETARY, AUTO 66 MARSHALS ASSOCIATION, THE CIRCUIT OFFICE, OLIVER'S MOUNT, SCARBOROUGH, NORTH YORKSHIRE YO11 2YW** or emailed to: office@auto66.com

Please use BLOCK letters

Christian Name _____ Surname _____

Address _____

Postcode _____ Tel. No. (code _____) _____

e-mail address _____

Occupation _____ Date of Birth _____

2016 Auto 66 Marshal Association Membership No _____ Grade _____

I am also a member of the following clubs and marshal associations _____

I hold the following ACU/MSA Licences _____

Details of 1st aid qualifications _____

To be a full member you must be over 16 years of age. If under 18 years your application must be accompanied by a letter of consent from your parent or guardian.

I the undersigned wish to make application to join the Auto 66 Marshals Association, and if my application is accepted I agree to abide by the rules of the club and association, *declare that I have advised the Auto 66 Marshals Association of any disability, whether mental or physical, that could put myself and others in danger whilst on circuit. I have listed all my disabilities over leaf and signed accordingly.*

SIGNATURE: _____ DATE _____

Membership is valid from the date of application until 31st December 2017.