

**DUNBAR & DISTRICT
MOTO X & QUAD BIKE CLUB**

R / V

**APPLICATION FOR MEMBERSHIP
(PLEASE PRINT CLEARLY)**

MR / MRS

CHRISTIAN NAME,-----SURNAME-----

ADDRESS-----

POST CODE-----

TEL, HOME-----TEL, MOBILE-----

AGE, IF UNDER 25 YEARS -----

D.O.B.-----

WHAT TYPE OF BIKE DO YOU OWN,-----

MOTO X
C.C.

QUAD BIKE
C.C.

VOLUNTEERS,----- MUM, DAD OR BOTH.

I WOULD LIKE TO VOLUNTEER,-----YES-----NO-----

ALL RIDERS WOULD NEED TO PRODUCE A BIRTH CERTIFICATE OR DRIVING LICENCE

RETURN THIS FORM BY POST, OR BRING WITH YOU ON **SAT 19TH JULY**

RETURN ADDRESS

ACTING CHAIRMAN
6 SUMMERFIELD RD
DUNBAR
E. LOTHIAN
EH42 1DS

DATE -----

ENQUIRES-- 07521 305 720

SIGNATURE-----

