



# Rhyl & District Motor Club Limited

Membership Application / Renewal Form 2026

Please complete this form in BLOCK CAPITALS



<b>Name:</b>				Have you been a member of Rhyl and District Motor club previously?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Membership number if known					
<b>Address:</b>				<b>Tel:</b> _____				_____	_____	_____	_____	_____	_____	_____	
				<b>Postcode:</b> _____				<b>Date of Birth:</b> _____ / _____ / _____							
<b>Email:</b> _____															

**GDPR / Data Protection:** The information supplied on this form is used to administer your Club Membership. We will share some of your information with service providers, for example, to print programmes and results. We may also share your information with Motorsport UK as required by its General Regulations and your information may be released to other Clubs for the purpose of issuing bulletins and regulations. PLEASE TICK THIS BOX TO CONFIRM YOU AGREE. You can change your mind at any time by just letting us know. Please see our PRIVACY POLICY on our website - [www.rhylmhc.co.uk](http://www.rhylmhc.co.uk)

Please list below details of applicants if you are applying for joint or family membership.

Name	Date of Birth	Telephone	Email
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Please tick if you require a copy of the club rules (new members will receive this automatically)	<input type="checkbox"/>	Club communications will be sent via email. If you would prefer paper communications, please tick this box	<input type="checkbox"/>
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<p>Please select the type of membership required and enclose full payment with your application. <b>Membership is subject to approval by the Executive Committee of the Club.</b> Your Membership Card will be sent immediately <b>after</b> the next month's Committee meeting following receipt of application.</p> <p><i>Please contact the Membership Secretary if you require membership to allow you to compete at short notice and a temporary card will be issued to you.</i></p>	Single membership (Single applicant 18 years of age or over) - £15.00		
	Double membership (Two applicants residing at the same address) - £20.00		
	Family membership (Maximum two adults and children up to age 18 residing at the same address) - £25.00		
	<p><b>Parental Consent:</b> I, (name) _____, as legal Parent/Guardian/Guarantor of the applicant(s) under the age of 18 years hereby consent to them becoming member(s) of Rhyl &amp; District Motor Club Limited</p> <p><b>Signed:</b> _____ <b>Date:</b> _____</p>		
	<p><b>Total amount due</b> £ _____</p>		

<b>Payment Method:</b>	<b>Cash</b> <input type="checkbox"/>	<b>Cheque</b> <input type="checkbox"/>	<b>BACS</b> Sort code 01 07 02
			A/C 56479026 Ref: Your Name <input type="checkbox"/>

I/we wish to become a member(s) of Rhyl & District Motor Club Ltd. and agree to be bound by the "Memorandum and Articles of the Company" and by-laws of the club.

**Signed:** -

**Date:** -

Once you have completed this form, please forward along with the correct payment to the Membership Secretary at the following address: -

**Membership Secretary 13 Bryn Teg, Holywell, Flintshire CH8 7DP, Tel: 07900 536713**

#### **Additional information:**

How did you first hear about Rhyl & District Motor Club?	Friend <input type="checkbox"/>	Internet <input type="checkbox"/>	Facebook <input type="checkbox"/>	Twitter <input type="checkbox"/>	Other <input type="checkbox"/>
	Other (please state)				
What is your reason for wishing to join RDMC?					
What are your Motor Sport interests?	Stage Rally <input type="checkbox"/>	AutoSolo <input type="checkbox"/>			
	Road Rally <input type="checkbox"/>	Production Car Autotest <input type="checkbox"/>			
	Targa Rally <input type="checkbox"/>	Trials <input type="checkbox"/>			
	Autotest <input type="checkbox"/>	Other <input type="checkbox"/>			
	Please state:				
Do you hold an MSA Competition Licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have any First Aid experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you hold an MSA Marshal Licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Would you be willing to assist on marshalling events?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Previous / Other Motor Clubs or Associations					
Business / Occupation					
Details of Competition Cars / Historic Cars / Cars					
Details of your Organising / Marshalling experience					

**FOR OFFICIAL USE ONLY**