Date:
No:
(Internal use only)



## Membership Application/Renewal Form 2023

	Date of Birth: .
	Mobile:
o sharing your Name / E-ma	il /phone no. with other Drivers
	Postcode:
	Year:
	Race Number: (as allocated by HSCC)
: (insert X as Appropriate) <b>I</b>	ull Racing (£125) Non Racing (£25)
Membership runs from 1 <sup>st</sup> J	anuary to 31 <sup>st</sup> December each year
(Insert X as Appropriate)	Cheque Bank Transfer
cing Association'	Please return this form to:
	membership@onelitref3
est)	Gil Duffy
ing Association'	Malins Croft
01718	Storridge
	Malvern Worcs
	WR13 5ER
	Phone: 01886 880882
	(insert X as Appropriate) F Membership runs from 1 <sup>st</sup> J (Insert X as Appropriate)  cing Association'

We really value your membership. This year we want to actively promote and develop the Association. Membership fees are, currently, our only source of income to support these plans, although we are actively pursuing sponsorship opportunities

Signed: \_\_\_\_\_ Date: \_\_\_\_\_