



## MEMBERSHIP APPLICATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_

TYPE OF MEMBERSHIP:  ORDINARY \$50  ANNUAL COMPETING \$100  SINGLE EVENT \$50

### FOR DRIVERS ONLY

#### COMPETITION VEHICLE SPECIFICATIONS

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_ ENGINE TYPE & CC: \_\_\_\_\_

BARBADOS ID #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE OF PARENT / GUARDIAN IF DRIVER IS UNDER 18 YEARS OF AGE: \_\_\_\_\_

PROPOSED BY: \_\_\_\_\_ SECONDED BY: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

RECEIPT #: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

DATE OF DRIVERS TEST: \_\_\_\_\_  PASS  FAIL