Membership Application / Renewal 2020

Please complete ALL details on this form so that I may check that the details I hold for you are correct and in order

correct and in order					
MEMBER: Mr/Mrs/Miss/Ms		Ad	Address		
First Name					
Surname					
PARTNER: Mr/M	rs/Miss/Ms				
First Name			Postcode		
Surname			Phone No.		
			Mobile No.		
Primary email add	ress:				
Additional email a	ddress(es):				
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Model	Туре	Year	Colour	Condition*	
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Please tick if willing t	to be asked to join c	lub displays or fil	-	e / Good/ Excellent / Competi work $oxedsymbol{\square}$	
understand and ag	ree that all the above	e information wil	I be kept on a com	puter	
Signed				Date	
MGOC"). Bank Det MGOC(Please put to Malcolm Childs,	tails :Sorting Code name and Memb)	e 202461:A/c N in Bank refere tton, Surrey, Sl	lo. 20466565 Ac nce Box. Send of M1 3SN. This co	payable to the "Epsom Are ecount: Epsom Area or Hand your completed fol evers the member and theil	
For monitoring purposes – P		-			
Receipt. Sent	Sub Paid	Database	k Transfer		