## MEMBERSHIP RENEWAL/APPLICATION

MEMBER (Mr/Mrs/Miss/Ms):			Add	ress		
First Name:						
Surname:						
PARTNER (Mr/Mrs/Miss/Ms):			Pos	tcode:		
First Name:			Pho	Phone:		
Surname:			Mo	Mobile:		
Primary email a	ddress:					
Additional emai	il address(es):					
Newsletters are a helps to keep the	lso distributed by en membership subscri	nail with a lin ption low. If you are una	nk to the file on o you do not wish ble to receive the	to receive it this way, n newsletter by email. <b>C</b>	our distribution costs down and ewsletters can be printed in	
	<u> </u>	_	ister of members		T .	
Model	Ту	pe	Year	Colour	Condition*	
Please tick if willin	ng to be asked to joir	n club displa	ys or film / photoį		Average / Excellent / Competition	
I understand and	agree that all the abo	ove informa	tion will be stored	digitally.		
Signed Date						
Please submit cas member and thei		e to 'Epsom ,	Area MGOC'); or r	nake a bank transfer in	the sum of £10. This covers the	
Bank Details						
<b>Sort Code</b> 20-24-61	Account number 20466565	Account name Epsom Area MGOC				
202101	20 100303		24 111000			
Please enter your copy of the bank		ship" as the	reference, tick th	e bank transfer box the	bottom of the form and email a	
Hand your compl	eted form to Malcolr	n Childs or s	end this to him by	email or to 4 Elgin Roa	ad, Sutton, SM1 3SN.	
For monitoring pu	urposes (please ticke	t Bank Trans	fer if paying using	this method)		
Receipt sent	Receipt sent   Sub Paid   Database		□ Bank	Transfer <b></b>		

