

MEMBERSHIP FORM **2017 SEASON**

NAME: _____

ADDRESS: _____

TELEPHONE N^o: _____

MOBILE N^o: _____

EMAIL ADDRESS: _____

DATE OF BIRTH (IF UNDER 40): ____/____/____

SIGNED: _____

DO YOU REQUIRE A CURRENT MRA COMPETITION LICENCE FORM?: YES / NO

(DELETE AS APPROPRIATE)

MEMBERSHIP FEE 2017 - £5.00

(PLEASE MAKE CHEQUES PAYABLE TO "MOURNE MOTORCYCLE CLUB LTD")

COMPLETED MEMBERSHIP FORMS & PAYMENT TO BE SENT TO:

STUART CAMPBELL,
8 RIVER ROAD,
CARGYCREEVY,
LISBURN,
CO. DOWN,
BT27 6TN.