



# Stonehaven & District Motor Club Limited

## Membership Application Form

Please complete in full:

Name (in Full):  M  F

Home Address:

Postcode :  Telephone:

Email :  Date of Birth:

Please indicate your areas of interest:

Special Stage Rallying   
  Sprints / Hillclimbs   
  Autocross   
  Marshalling  
 Navigational Rallying   
  Circuit Racing   
  Production Car Trials   
  Other (specify)  
 Classic Car Events   
  Autotest   
  Event Organisation   

### To: THE STONEHAVEN AND DISTRICT MOTOR CLUB LIMITED

The Stonehaven and District Motor Club Limited is a company limited by Guarantee and does not have a share capital. A copy of the Memorandum and Articles of Association may be inspected at the club. Members are required, before they may exercise a vote, to sign the guarantee below.

I hereby apply for Membership of the Club.

I, the undersigned, desire to become a member of the Club (a Company limited by Guarantee and have not having a share capital) and request and authorise my name to be entered as a member in the Register of Members of the Club, and I undertake to contribute to the assets of the Club in the event of its being wound up while I am a Member or within in one year after I cease to be a Member, for payment of the debts and liabilities of the Club, contracted before I cease to be a Member and of the cost, charges and expenses of winding up and for adjustments of rights of the contributories among themselves such amounts as may be required not exceeding the sum of ONE POUND.

Return membership form and membership fee to:

**SDMC Membership Secretary:**

76 Easter Drive  
 Portlethen  
 Aberdeen  
 AB12 4XD  
 email: membership@sdmc.co.uk

**Select Membership Category:**

Individual Member £20.00  
 Family Membership\* (2 family members per address) £30.00  
 Under 16 Member £10.00

\*Please provide an application form for each family member.

Bank of Scotland: Sort code: 80-09-68 Account No: 00826299



Cheques payable to: Stonehaven & District Motor Club Ltd

Admin only:

Membership No.	<input type="text"/>	Renewal Due	<input type="text"/>
Membership Type	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Under 16	Amount Paid	<input type="text"/>
Membership Card	<input type="text"/>		
Sent (Date):	<input type="text"/>	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> BACS	