## **WRCC**

## **2018 Membership Application**

www.wycomberacing.co.uk

1<sup>st</sup> March 2018–28<sup>th</sup> February 2019

First Name	Surname
Address	
Postcode	Date of birth
Contact Number	
E- Mail Address	
All Notices will be sent by email	
Please tick the required membership	
Senior £20	
Junior (under 18) £10	
Family (Senior plus Junior) £26 Family (Senior plus 2 Juniors) £35	
I the undersigned, hereby agree to abide by and upho (Parent/Guardian should sign on the member's behal	old the WRCC constitution, which I have read and understood If if under eighteen and state their own name)
Signed	Date
Please hand completed form with payment to the rac Square, Leigh Street, High Wycombe, Bucks, HP11 2R	te director OR post to WRCC, Floor 1, Block A, Commercial H
TEAR OFF AS RECEIP	T: ASK RACE DIRECTOR TO SIGN
CASH/CARD/CHEQUE	DATE RECEIVED
ACCEPTED BY	SIGNED