

APPLICATION FOR MEMBERSHIP



I wish to apply for membership for the above named Club. I enclose my Subscription fee. (Please use block capitals to complete this application)

SURNAME: _____

FULL FORENAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: _____ MOBILE: _____

DATE OF BIRTH: _____ (Required if applying for 65 OR OVER rate)

Email address: _____

Details of Classic/Vintage Vehicles owned by you: (Please use a second page if you have more than two vehicles)

1 MAKE: _____ MODEL: _____ YEAR: _____

CONDITION: _____

2. MAKE: _____ MODEL: _____ YEAR: _____

CONDITION: _____

Vehicles eligible for club events shall be 20 years old on or before 31st December of the previous year.

DECLARATION BY MEMBER

I agree to abide by the CONSTIUTION and RULES of the East Antrim Old Vehicle Club, and also indemnify and keep the said Club, and its officers and assistants against any claim whatsoever for loss, injury, or any accident to any person or persons, or to any property in connection with, or as a result of any event, activity or meeting organised by or on behalf of the said Club, or any service provided by the said Club.

SIGNED BY THE APPLICANT: _____

Are you a member of another Club: Yes/No : Name of the Club _____

FIRST YEAR (Incuding current members if not paid by 31st March): £20

ANNUAL SUBSCRIPTION THEREAFTER: £15 AGE- 65-OR OVER: £10

Cheques/Postal orders should be crossed and made payable to EAOVC

Please return the completed application form to :

**Heather Caulfield
11 Birch Lane
Newtownabbey
BT36 5WH**

**Tel: 02890 838004
Email: membership@eaovc.co.uk**

Official use only	
This application proposed by: _____	
Seconded by: _____	
Date Admitted to the Club: _____	Membership Number allocated _____