

Suffolk Land Rover Owners Club

**Membership Application Form 2017**

* Joining Fee per member £5 + Membership Fee £30 per annum. Additional adult member(s) living at same address: Joining fee £5 + Membership Fee £5 per annum. Junior members under the age of 17: Joining fee £5 only, Membership Fee FOC per annum.
* For members joining **on or after** **1st July**: £5 joining fee + £20 membership fee. Members joining **on or after 1st December** pay full price but will receive 13 months membership.
* Membership is renewed on 1st January each year. If you are unsure of the fees due please contact the Membership Secretary before returning this form.

|  |
| --- |
| **Member’s details:** |
| Title: | First name: | Last name: |
| **Additional Adult member’s details:** |
| Title: | First name: | Last name: |
| **Junior Members Details (Under the age of 17)** |
| DOB: | First name: | Last Name: |
| DOB: | First name: | Last Name: |
| **Please attach details of any additional members** |
| Address: |
|  |
| Post Code: | Contact Telephone Number: |
| Email address: |

**How would you like to receive your copy of the Nooze Magazine?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Paper |  |  | Emailed PDF |  |  | Both |  |

**Please enrol the above as members of Suffolk Land Rover Owners Club Ltd. I/We agree to be bound by the club’s rules.**

|  |  |
| --- | --- |
| Signed: | Date: |

**Please send this completed form with a cheque made payable to ‘Suffolk Land Rovers Owners Club’ to**

Membership Secretary - Mrs. Jane Bareham**,** 20 Camellia Crescent, Clacton on Sea, Essex, CO16 7ET.

🕿: 01255 484852 | 🖂: membership@slroc.uk.com | 🖰: [www.slroc.uk.com](http://www.slroc.uk.com)

***Payment accepted by BACS, Account Number: 03928330 Sort Code: 20-22-67 Payee Reference: “NEW” and Your Last Name (ie NEW Smith), with thanks***

SLROC stores the information you give us electronically: This information will only be used for official club business.

If you do not wish your information to be stored electronically please contact us.

**Admin Only**

***Type of membership***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New** |  |  | **Late Renewal** |  |  | **Re-join** |  |  | **Fee Paid** |  | CSH | CHQ | BACS |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed by:** | **Name** | **Signature:**  | **Date:** |
|  |  |  |  |
|  |  |  |  |
| **Seconded by:** | **Name** | **Signature:**  | **Date:** |
|  |  |  |  |
|  |  |
|  |  |
| **Card Issued:** | **Date:** |

***If a re-join obtain previous membership number or estimated date of membership***