



11, West Haven  
Simpson Cross  
Haverfordwest  
Pembrokeshire  
SA62 6ER

# MEMBERSHIP APPLICATION FORM

## PERSONAL DETAILS

Full Member's name : \_\_\_\_\_

Associate Member's Names : \_\_\_\_\_

Address : \_\_\_\_\_

Postcode : \_\_\_\_\_

Phone No.: \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_

## FEES

Full Member .....£20.00

Associate Member (MUST reside at same address as a full member) .....£10.00

No. Full Members: \_\_\_\_\_ No. Associate Members : \_\_\_\_\_

I enclose a membership fee(s) of £ \_\_\_\_\_

## DECLARATION

I, \_\_\_\_\_ apply for annual membership of  
Pembrokeshire Mudslingers 4x4 Club,  
valid from 1<sup>st</sup> January 2012 to 31<sup>st</sup> December 2012

I also agree to abide by the Club Rules that are currently enforced  
(copies supplied).

Signature ( Full Member ) : \_\_\_\_\_ Date : \_\_\_\_\_

Signature ( Associates ) : \_\_\_\_\_

\_\_\_\_\_ Date : \_\_\_\_\_

(Signature of parent/guardian/carer if member 14-17 years)