



WHITLAND CLASSIC MOTOR CLUB

MEMBERSHIP FORM

Name:

Address:
.....

Town/Village: Car Make:

County: Model:

Post Code: Colour:

Telephone no: Engine c.c.

Mobile no: Year:

Email: Registration:

Signature: Date:

I enclose a cheque for £15 (family cover) made payable to:
WHITLAND CLASSIC MOTOR CLUB

Send completed form and cheque to: Xoe Maxine, 1 Gorsfach, Pwll Trap, St.
Clears, Carmarthenshire, SA33 4AQ

Office use only:

Membership no:

Date joined: