



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 Meadows, Fairholme, North Road,
Whitland, Carmarthenshire, SA34 0AX*

Office use only:

Membership no: Date joined: