



**2020 Membership Application Form**  
 (Please complete form in **BLOCK CAPITALS**)

Full Name: .....

Address: .....

.....Postcode :.....

Home Tel: .....Mobile: .....

Email Address: .....

MSA Licence Holder YES/NO – IF YES, WHICH LICENCE DO YOU HOLD .....

Which Class are you competing in: .....

Are you a member of any other motor club YES/NO (Please Circle)

If yes, which Club .....

**TO BE COMPLETED BY THE APPLICANT**

LHMC 2020 COMPETITOR MEMBERSHIP **£30.00** - YES/NO (Please circle)

LHMC 2020 ASSOCIATE MEMBERSHIP **£15.00** - YES/NO (Please circle)

Please register me for the Membership of Lydden Hill Motorsports Club and I agree that as a duly elected member paid up to 31/12/20 and is, therefore, authorised by the Royal Automobile Club Motor Sports Association Ltd on the conditions stated overleaf, to take part in all competitions confined to members of this club or defined as clubman events under MSA Regulations.

Membership Number: ..... (To be issued on receipt of payment and sent to above)  
 (Listed address)

Signature of LHMC: .....

I declare that I shall not drive in any part of a competition which takes place on the public highway unless I hold a valid motor vehicle RTA licence for cars (Other than provisional). I am acquainted with and agree to be bound by the General Regulations of the MSA.

Signature of Member: .....

I enclose a Cheque for **£30.00 / £15.00** Made payable to LHMC (Please delete which isnt appropriate)

Or  
 I have deposited **£30.00 / £15.00** into the LHMC Bank Account  
 Sort Code : 15-30-00 and Account Number: 70725463 - Using my name as Reference

Return form and Cheque payment to Simone Cornish, LHMC, Lydden Hill Race Circuit, Wootton, Canterbury, Kent, CT46RX