



CAPE HELL DRIVERS MOTOR CLUB KAAPSE JAAGDUIWELS MOTORKLUB

**PO BOX 584
BELLVILLE
7535**

**CELL: 0722835399
FAX: 021 946 3708**

MEMBERSHIP APPLICATION 2011/2012

PLEASE PRINT

First name and Surname: _____

ID number _____

First name and Surname (2) (in case of dual membership) _____

Home/Postal Address: _____

_____ Postal Code _____

Tel No (H) _____ Work _____

Cell No: _____ Fax No: _____

Email : _____

PLEASE INDICATE HOW THE CLUB CORRESPONDENCE MUST BE SEND TO YOU	E-MAIL	FAX	POSTAL SERVICE
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PLEASE TICK ✓ BOTH LINES

New member			Renewal	
Driver	Social	Official	Committee	Life member

FOR OFFICE USE ONLY

Membership fee: dual membership (not 2 drivers)	R400	MEMBERSHIP INFO <input type="checkbox"/> Driver <input type="checkbox"/> Social <input type="checkbox"/> Official <input type="checkbox"/> Com <input type="checkbox"/> Life member
Membership fee: Single	R250	
Jnr Membership Fee	R 50	
Total		

Membership nr Driver
Membership nr Social
Membership nr Social

Paid Cash
Amount:

Paid Cheque
Amount
Cheque nr

VEHICLE INFORMATION:

CLASS	CAR NO	MAKE OF VEHICLE
SPONSOR		

NEW DRIVER INFORMATION:

Have you raced before? (Please ✓)	Yes	No	If Yes, which class?
For which Club?			

By signing this form, I undertake to abide by the rules of the Cape Hell Drivers Motor Club and to respect any decision made by the Club's reining Committee. I further acknowledge that neither the CAPE HELL DRIVERS MOTOR CLUB nor its Committee or Officials may in any way be held responsible for any loss or injury sustained by my team or I, by whatever means. I have received a copy of the Club's Constitution. **I have read it and agree to abide by the Club's Constitution. I have received a copy of the Club Class rules that I am taking part in.**

Signature of Applicant: _____ Date: _____

CHILDREN'S INFORMATION (if under 12)

NAME	BOY	GIRL	AGE

NB: This form must be completed in full and accompanied by the relevant membership fee, and does not automatically qualify one for membership.