

MEMBERSHIP
FEE
€10.00



MEMBERSHIP
FEE
€10.00

First Name: _____ Surname: _____
Address: _____ Date of Birth: _____

Current Insurance Co.: _____

Home Phone No: _____ Mobile No: _____
Email: _____ Car Type: _____
Car Colour: _____ Car Reg: _____
Car Year: _____ Engine cc: _____

PLEASE ENCLOSE A PICTURE OF YOUR VEHICLE FOR OUR RECORDS.

Do you have any other VW's in your possession, if so please give details:

INDEMNIFICATION

In consideration of this form being accepted, I declare that during the period of any events, my car will be covered by insurance and tax as required by the relevant laws applicable and is valid for events such as these. I confirm that the driver(s) of any vehicle entered and is not disqualified from holding or obtaining a licence to drive a vehicle of the appropriate class. I also agree to abide by regulations governing the club, with the directions given by appointed marshals and with the decision of the Club Committee on any matter.

Signature: _____ Date: _____

All forms to be returned to: Cormac Reddy, 4 Rossberry Avenue, Lucan, Co Dublin

If you have any queries regarding the club contact Cormac Reddy:
Tel: 086 8343812.