



THAMES M.C.C.
AFFILIATED TO THE SOUTH EAST
CENTRE OF THE A.C.U.



A MEMBER OF THE STAR GROUP

2017 MEMBERSHIP APPLICATION FORM

MEMBERSHIP RENEWAL – FIRST NAME, SURNAME, SIGN, DATE AND INDICATE MEMBERSHIP TYPE ONLY IF YOUR DETAILS HAVE REMAINED THE SAME AS THOSE PROVIDED IN 2016. MAKE ANY AMENDMENTS AS NECESSARY IN THE RELEVANT SECTION.

ALTERNATIVELY, YOU CAN RENEW ON LINE VIA THE ACU WEBSITE – NO FORM & NO UNIQUE NUMBER REQUIRED; SAME COST, LESS HASSLE. JUST LOG-ON WITH YOUR ACU DETAILS AND YOU CAN RENEW YOUR MEMBERSHIP & ACU LICENCE AT THE SAME TIME.

NEW MEMBERS - PLEASE COMPLETE ALL SECTIONS **CLEARLY** IN BLOCK CAPITALS.

YOUR DETAILS WILL BE KEPT ON OUR COMPUTER

NOTES:

NEWS BULLETINS WILL BE E-MAILED, NOT POSTED.
 MEMBERSHIP MUST BE RENEWED BY FEB 28TH 2017 FOR JAN & FEB POINTS TO COUNT IN 2017 CHAMPIONSHIP.
 MEMBERS ARE EXPECTED TO HELP WITH OUR OPEN TO CENTRE EVENTS BY OBSERVING - £15 WILL BE PAID.
 PLEASE NOTIFY STEVE BROWN IF ANY OF YOUR DETAILS CHANGE DURING THE YEAR.

A.C.U. AFFILIATION No. _____ YOUR UNIQUE No. _____

FIRST NAME _____ SURNAME _____

HOUSE / No. / ROAD _____

TOWN _____ COUNTY _____ P/CODE _____

PHONE HOME _____ MOBILE _____

Email (BLOCK CAPITALS) _____

DATE OF BIRTH (for insurance etc) _____

IF YOU HAVE A OFFICIALS LICENCE PLEASE TICK APPROPRIATE BOX. LIC No. _____ EXPIRES. _____			
CLERK OF COURSE <input type="checkbox"/>	STEWARD <input type="checkbox"/>	SCRUTINEER <input type="checkbox"/>	NOISE TEST <input type="checkbox"/>

TYPES OF MEMBERSHIP REQUIRED (PLEASE TICK) YEAR IS 1ST JAN TO 31ST DECEMBER.

ADULT (AS A RIDING MEMBER INCLUDING STAR GROUP ELIGIBILITY) (from :1ST Aug = £5. 1ST Oct = £3) £10.00 (___)

SCHOOLBOY MEMBER UP TO 16 YEARS OLD (INCLUDING STAR GROUP ELIGIBILITY) £05.00 (___)

ABOVE MEMBERSHIP INCLUDES AFFILIATION TO THE SOUTH HARROW & D M.C.C. FOR SOUTH MIDLAND EVENTS.

SOCIAL MEMBERSHIP (NON RIDING) £02.00 (___)

TODAYS DATE _____ SIGNATURE _____ TOTAL TO PAY = £ _____

PLEASE MAKE CHEQUES PAYABLE TO **THAMES M.C.C.** AND SEND TO :
 STEVE BROWN, 35 LOVEL ROAD, CHALFONT ST PETER, BUCKS, SL9 9NP. ☎ 01753 887353

BELOW IS FOR OFFICIAL USE ONLY

IF COMPLETED AND PAID FOR AT AN EVENT THEN EVENT SEC / ORGANISER TO COMPLETE THIS BOX	
DATE _____	OFFICIALS NAME _____

SUPPLIED M/SHIP CARD	SUPPLIED THANKS OFFICIALS LIST	SUPPLIED DATES LIST	SUPPLIED ACU AFFILIATION FORM	OTHER	DATE ENTERED ON COMPUTER	ID NUMBER