



Barbados Rally Club

Membership Form

Surname: _____ Address: _____
 First Name: _____ Address 1: _____
 Middle Initial: _____ Address 2: _____
 Date of Birth: _____ Parish: _____
 Sex: _____ Home Tel: _____
 E-Mail: _____ Office Tel: _____
 Club News will be sent by fax or e-mail, so ensure that you have a contact to either of these. If both, please circle which you prefer to be contacted on. Fax: _____
 Cell: _____

Competition Car - For Drivers

Make: _____ Capacity: _____
 Model: _____ Group: _____ Class: _____
 Year: _____ Sponsor: _____
 Engine #: _____
 Chassis #: _____ License Number: _____

Blood Type:-

O+ O- AB+
 B+ B- AB-
 A+ A-

Membership Status:-

Life:
 Annual:
 Enter Year

Competition Lic:-

Year valid
 Comp #:
 Do not enter anything here

Details of car most driven by applicant

A-Make: _____
 A-Model: _____
 Colour: _____
 Driver _____
 Date of first issue
 License #: _____

The Candidate is personally known to us and we consider him/her a fit and proper person to become a member for the Barbados Rally Club.

Proposed

Seconded

Have you ever been convicted of a traffic offence within the last three
 No Yes If yes, please give details overleaf.

Have you had any accidents involving insurance claims or injury to persons within the last five years?
 No Yes If yes, please give details overleaf.

I agree to abide by the rules of the Barbados Rally Club.

Renewal

Date

Signature

New