



# WRMXC 2019 Summer Series

## Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Preferred Race No: \_\_\_\_\_

Class: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

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(Office Use Only)

Membership Fee £30.00 \_\_\_\_\_

Membership No: \_\_\_\_\_

Notes: \_\_\_\_\_