

MG CAR CLUB BCV8 CHAMPIONSHIP 2009

ASSOCIATE MEMBERSHIP REGISTRATION FORM

TITLE Mr/Mrs/Ms/Miss Other NAME _____

ADDRESS _____

_____ POST CODE _____

Telephone Number (Optional) _____ (Work) _____ (Mobile) _____

MG CAR CLUB MEMBER YES / NO MG CAR CLUB MEMBERSHIP No _____

I wish to be registered as an Associate Member of the BCV8 Championship and receive Newsletters and associated information via the following distribution method;-

- Hard copies posted to my mail address above
- Emailed copies to the following email address _____
Please delete as appropriate above.

I give my consent for the above information to be stored on a computer.

I object / I have no objection to my address and telephone details being circulated to registered members

Signed..... Dated.....

PLEASE RETURN THE **FULLY COMPLETED** FORM TOGETHER WITH A CHEQUE FOR **£20** PAYABLE TO **MGCC BCV8 CHAMPIONSHIP** to:-

BCV8 CHAMPIONSHIP Treasurer / Registrar, PETER SAMUELS, c/o SQUIRE GOLF, UNIT 14, RED LION BUSINESS CENTRE, RED LION ROAD, TOLWORTH, KT6 7QD.

Official Use Only

Date received	Payment received YES / NO	Acknowledgement YES / NO	Details to Newsletter distributor