



TDC IRELAND

TRIALS DRIVERS CLUB



Membership Application Form

Please complete the form legibly as fully as possible in uppercase/capitals & tick boxes where appropriate.

Full Name: _____

Address: _____

Town: _____

County: _____

Tel: (H) _____ (W) _____

(M) _____ (Fax) _____

Email: _____ @ _____

Date of birth: ____/____/____

Membership Number if renewal: _____

For official use only

Web

Fee received € _____

Method & Date Rcvd _____

Membership No _____

Please indicate your area(s) of interest in motorsport. (Tick all that apply to you.)

Classic Retrospective Trials

Autotesting

Marshalling

Important Notice:

In accordance with the Data Protection Act, we will never release your postal or email address to another club or other third party without first obtaining your permission. However, we reserve the right to release your details to the emergency services, the venue owners and/or our insurers in the event of an accident.

List of Vehicles:

Make:	Model:	Year:	Race Category	Body Type:	C.C.	Fwd/Rwd

I wish to apply for membership of **Trials Drivers Club** for 12 months from 1st January and agree to abide by the Rules of the said Club.

I declare that I shall not drive any part of a competition which takes place on the public roads unless I hold a valid motor vehicle driving licence. I am acquainted with and agree to be bound by the General Regulations of Motorsport Ireland.

Signed:-

Date: ____/____/____

Cheques should be payable to **Trials Drivers Club Ltd**, and crossed 'A/c Payee'. The membership year is from 1st January to 31st December. Please return this form together with membership fee to:

Joanna Doran
c/o Unit 5 Ballyogan Business Park,
Ballyogan Road,
Stepaside,
Dublin 18

Membership Fee: €20