



WWCVVC

Preserving our Motoring Heritage.

West Wicklow

Classic & Vintage Vehicle Club

Membership Application Form

Please Complete both pages and present to the secretary at a club meeting.

Name: _____

Address: _____

Tel: _____ **E-Mail :** _____

Vehicle Details

Make Model Year Reg. No. Insurance Co.

Make	Model	Year	Reg. No.	Insurance Co.

I, _____ apply for membership of

West Wicklow

Classic & Vintage Vehicle Club

(WWCVVC).

I undertake to keep all vehicles used on club events insured in accordance with current legislation. I agree to be bound by the rules and constitution of the club. I understand that acceptance of membership implies acceptance of the above.

Signed (Applicant) _____ Date _____ / _____ / 20__

Name Block Caps _____

Office use only.

Fee Paid.

Membership Number.

Signed for WWCVVC

Receipt Issued