



CORK MOTOR CLUB

Registered in Ireland No.56016

Headquarters: The Kingsley Hotel,

Carrigrohane Road, Co. Cork

Membership Secretary: Grace O'Brien, Dromahoe, Dromagh, Mallow, Co. Cork 085 2281110

New Club Membership Application Form 2018

First Name																CMC Membership Number	
Surname																	Please indicate how you wish to receive club information
Address																	
																Post	
Mobile:																	Email
Landline:																	
Email:																Email	

2018 Fees: €30 Single Membership. €35 Family Membership (both partners & their children under 18 years. Please list all names). €10.00 for Non-Competing Membership for 2018

I intend to	<input type="checkbox"/> Drive	<input type="checkbox"/> Navigate	<input type="checkbox"/> Marshal
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I give my consent for the above information to be used for Cork Motor Club Ltd purposes only.
I agree to be bound by the "Articles of Association" of Cork Motor Club Ltd as issued to me on my acceptance of membership of the club. If I do not accept these articles, I will inform the club Membership Registrar within 21 days of receiving same and my membership will be cancelled.

Signed: Date:

Proposed By: Club No:

Seconded By: Club No:

Cork Motor Club hold meetings on the second and fourth Tuesday of each month, starting at 8.30pm winter time and 9.00pm summer time. As a club member you are encouraged to attend as many as you can. Also, the list of events and dates on the right are the proposed 2018 events for Cork Motor Club and again you are encouraged to compete or help on as many as you can.

1000 Shakes Night Nav	<input type="checkbox"/>	January 13/14, 2018
West Cork Rally	<input type="checkbox"/>	March 17/18, 2018
Summer Autotest	<input type="checkbox"/>	June 30, 2018
Jim Walsh Forestry Rally	<input type="checkbox"/>	July 29, 2018
Hewison Autotest	<input type="checkbox"/>	September 2, 2018
Startrek Night Nav	<input type="checkbox"/>	October 13/14, 2018
Christmas Autocross	<input type="checkbox"/>	December 27, 2018

For club membership secretary use only	
Date passed at meeting: _____	Chairman: _____
Membership: Single <input type="checkbox"/>	Family <input type="checkbox"/> Other <input type="checkbox"/>
Amount Received: <input type="text"/>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> PO <input type="checkbox"/> Other <input type="checkbox"/>