



# The British Lawn Mower Racing Association



Hunt Cottage, Wisborough Green, Billingshurst, West Sussex, RH14 0HN

## MEMBERSHIP APPLICATION for 2003 (PLEASE COMPLETE IN BLOCK CAPITALS)

TITLE..... INITIALS..... SURNAME.....

FORENAME.....

OCCUPATION .....

ADDRESS .....

ROAD .....

POSTAL TOWN .....

COUNTY ..... POSTCODE.....

TEL HOME ..... TEL WORK.....

E-MAIL ADDRESS (BLOCK CAPITALS PLEASE).....

JOINT MEMBER (non racing spouse)\* .....

**Please fill out the following if you own a racing mower which you will be racing this year**

GROUP (1,2,3,4) ..... MAKE ..... REQUESTED RACE No .....

I hereby apply for membership of The British Lawn Mower Racing Association and agree to abide by its rules and regulations. I understand that the rules and regulations may change from time to time as directed by the elected race committee, who will be working with the best interests of the membership and the association in mind. I desire to become a member of the company and request that my name is in the register of members, subject to the memorandum of the association.

I understand that the association's membership records are held on computer and agree to my own details being recorded in this way for club administration purposes only. The records held are not disclosed to third parties nor to other members of the association. If any member does object, or has a query on this subject, please contact the Secretary.

**! WARNING:** Motor Sport can be dangerous. Despite the organisers taking all reasonable precautions unavoidable accidents can happen. In respect of these you are present at your own risk.

**Current Members need to rejoin by the 1st of January 2003, in order to keep any current race number and to continue receiving "Cuttings".**

*Please fill out the reverse side of this form with the relevant information*

SIGNATURE .....

FEE ENCLOSED £ .....

Annual Subscription £20.00  
Overseas Subscription £25.00

*\*Joint Annual Subscription Spouse £21.00*

# DRIVER MEDICAL INFORMATION

*All information will be private and confidential and used only in the case of an emergency*

Driver..... Age.....

Date of Birth.....

In case of emergency please notify.....

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Telephone Number .....

Doctor .....

Telephone Number .....

Allergies.....

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Blood Type .....

Any Special Medical Conditions .....

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