



APPLICATION FOR AFFILIATION

CLUB NAME:

ADDRESS:

.....

POST CODE:

TELEPHONE NO:

CLUB SECRETARY:

ADDRESS:

(If different from above)

.....

POST CODE:

TELEPHONE NO: (Daytime)

..... (Evening)

..... (Mobile)

FAX. NO:

DATE OF APPLICATION: SIGNED.....

AFFILIATION FEE: £50.00

OFFICE USE ONLY Paid with thanks: Signed: Date _____

Cheques payable to: Off Road Promoters Association

Affiliation fees are renewable 1 January each year.

Affiliation approved _____ Dated _____

Head office 131 Broomfield Ave Worthing Sx.