



SKEWEN MOTOR CLUB

MEMBERSHIP APPLICATION FORM

NAME.....

ADDRESS.....

POST CODE..... TEL NO.....

VEHICLE DETAILS : MAKE..... MODEL.....

YEAR.....REGISTRATION.....

MEMBERSHIP FEE £15.00, PLEASE MAKE CHEQUES PAYABLE TO

" SKEWEN MOTOR CLUB " and send completed form to :

THE TREASURER, SKEWEN MOTOR CLUB, 7 LUPIN CLOSE,

PORT TALBOT, WEST GLAMORGAN. SA12 7AR