



Admin: Card issued	<input type="checkbox"/>
Membership number:	
Date:	

## Suffolk Land Rover Owners Club Membership Application & Renewal Form

<u>New Member</u>	<u>New Member From 1<sup>st</sup> July</u>	<u>Renewal 1<sup>st</sup> Dec – 31<sup>st</sup> Jan</u>
<input type="checkbox"/> Full Individual      £35	<input type="checkbox"/> Full Individual      £20	<input type="checkbox"/> Full Individual      £30
<input type="checkbox"/> Joint      £15	<input type="checkbox"/> Joint      £10	<input type="checkbox"/> Joint      £10
<input type="checkbox"/> Junior (under 17) £5	<input type="checkbox"/> Junior (under 17)    £5	<input type="checkbox"/> Junior (under 17)    Free

*Please tick which membership/s you require. If renewing please provide membership number:*

**Member's Details:**

Title:	First name:	Last name:
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**Joint Adult Member's Details ( 17+ & at the same address as full member)**

Title:	First name:	Last name:
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**Junior Members Details (-17 & at the same address as full member)**

First name:	Last Name:	DOB:
First name:	Last Name:	DOB:

**Please attach details of any additional members**

Address:	
Post Code:	Contact Telephone Number:
Email address:	

**Please enrol the above as members of Suffolk Land Rover Owners Club Ltd. I/We agree to be bound by the club's rules.**

Signed:	Date:
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**Please send this completed form with a cheque made payable to 'Suffolk Land Rovers Owners Club' to:**  
 Membership Secretary – Mr Simon Bareham, 20 Camellia Crescent, Clacton on Sea, Essex CO16 7ET  
 Email: [membership@slroc.uk.com](mailto:membership@slroc.uk.com) | Web: [www.slroc.uk.com](http://www.slroc.uk.com)

**Payment accepted by BACS, Account Number: 03928330 Sort Code: 20-22-67**  
**Payee Reference: Your membership number & your surname,**  
**If a new member please put "NEW" with your surname, with thanks.**

*Suffolk Land Rover Owners Club will store and use your personal data for the purposes of administering the club and your involvement in club activities. The data will be collected and processed in accordance with GDPR Privacy Policy.*  
*I understand that by submitting this form I am consenting to my data being used in this way.*  
*If you no longer wish for your information to be stored electronically, please contact us.*

**ADMIN:**  CASH     CHEQUE     BACS     CARD    **TOTAL PAID:**

Member proposed by: Name.....	Signature.....	Date.....
Seconded by: Name.....	Signature.....	Date.....