

CITY OF LEEDS CLASSIC CAR CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

County:

Postcode:

VEHICLE INFORMATION

Make:

Model:

Reg:

Colour:

Year:

**PLEASE SEND THIS FORM ALONG WITH A CHEQUE FOR £6.00 PAYABLE TO
"CITY OF LEEDS CLASSIC CAR CLUB"**

Miry Carr Farm Bungalow Sandhills Thorne Leeds LS14 3DP Tel: 01132893050

[Email me from here](#)

derek.burnell@talk21.com

I apply for membership of City of Leeds Classic Car Club and enclose 12 months subscription

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date: