



JAMAICA MILLENNIUM MOTORING CLUB

691 Spanish Town Road, Kingston 11, Jamaica, WI
Tel/Fax: (876) 764-9904; email: jmc@kasnet.com
http://www.jamaicamotorsports.com



Membership Application Form

Name
Mr. Mrs. Miss _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Telephone: Home: _____ Work: _____
Fax: _____ Cell/pager: _____

Email Address: _____

Employer: _____ Occupation: _____

Blood Type: _____ Allergies: _____

In Emergency Contact: _____

Relationship: _____ Telephone: _____

Address: _____

Membership in other Motoring Clubs? _____

Experience (Indicate 1st, 2nd choice) Driving Navigating Timekeeping

Marshalling Organizing None

Preference (Indicate 1st, 2nd choice) Driving Navigating Timekeeping

Marshalling Organizing None

Signature of parent/guardian if Applicant is under 18 years of age _____

I hereby agree to be bound by the Rules & Regulations governing the Jamaica Millennium Motoring Club

Signature of Applicant _____ Date _____

Proposed By _____ Seconded by _____

N.B. ONE OF THE ABOVE NAMED SIGNATORIES MUST BE A MEMBER OF THE EXECUTIVE COMMITTEE

FOR OFFICIAL USE ONLY

Approved by committee Yes No Date _____

If No, Reason _____

Eligible to re-apply Yes No If Yes, when? _____

Initial Membership Fees _____ Paid _____

Letter mailed: _____ Membership # _____ Issued _____