



153 ½ Constant Spring Road, Kingston 8 Tel: 924-5732; Fax: 931-8068  
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## 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? \_\_\_\_\_

Do you hold a JMMC  
Competition Licence Yes  No

If YES, What is the No.?  
[ ]

Preference Driving  Organizing  Timekeeping   
(Indicate 1st, 2nd choice) Scrutineering  Safety  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 Race Drivers 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**

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### FOR OFFICIAL USE ONLY

Initial Membership Fees \_\_\_\_\_ Paid \_\_\_\_\_  
\_\_\_\_\_ Membership # [ \_\_\_\_\_ ] Issued \_\_\_\_\_  
\_\_\_\_\_ Competition # [ \_\_\_\_\_ ] \_\_\_\_\_