

SHRILE & DISTRICT VINTAGE CLUB



100 ACRES SHRULE GALWAY IRELAND

Phone 086 8246671 / 093 33397 web www.shrulevintage.ie Email info@shrulevintage.ie

Member Application Form

NAME _____
ADDRESS _____

TELEPHONE NO _____ Membership No

I WISH TO APPLY FOR SINGLE / FAMILY MEMBERSHIP TO THE
SHRILE AND DISTRICT VINTAGE CLUB . and (I.V.S. and/or I.V.E.T.A.)
S.D.V.C. FEE _____ I.V.S. FEE _____ I.V.E.T.A. FEE _____ TOTAL _____

I ACCEPT THE RULES OF THE CLUB AND I HAVE RECEIVED A COPY OF THE CLUB'S
RULES FOR MEMBERS AND WILL ABIDE BY THEM.
IF YOU ARE A NEW MEMBER PLEASE INCLUDE THE SIGNATURES OF TWO EXISTING
MEMBERS AS PROPOSERS.

SIGNATURE 1 _____ SIGNATURE 2 _____

PLEASE GIVE DETAILS OF YOUR VINTAGE EXHIBIT'S (if any)
MAKE AND MODEL

YEAR OF MANUFACTURE.

BRIEF HISTORY

APPLICANTS SIGNATURE: _____ DATE : _____