



MARINA ALTA CLASSIC CAR CLUB

Membership Application Form

www.marinaaltaccc.com

SURNAME..... FIRST NAME.....

PARTNER'S NAME..... DATE OF BIRTH.....

NATIONALITY..... DNI/RESIDENCIA/PASSPORT/NIE.....

MAKE OF CAR	MODEL	YEAR	REGISTRATION NUMBER
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1.....
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2.....
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3.....
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NB...The committee will need to see your car and documents prior to accepting your application

ADDRESS.....

TOWN..... PROVINCE..... SPANISH RESIDENT Y/N

EMAIL.....

EMERGENCY CONTACT DETAILS

NAME..... TEL.....

EMAIL.....

I AGREE TO ABIDE BY THE CLUB STATUES AND INTERNAL RULES AND THAT MY INFORMATION IS KEPT ON THE CLUB'S DATABASE WHICH REMAINS THE PROPERTY OF THE CLUB. THE CLUB ADHERES TO THE GENERAL DATA PROTECTION REGULATIONS.

PLEASE BRING THIS COMPLETED FORM TO AN ACE CAFÉ MEETING OR EMAIL IT TO

diane.harrison@marinaaltaccc.com