



Application for Group Membership SACT Car Club

Group Name		Contact Name	
Address (+postcode):	Group Contact:		No. of Members
	Tel.		
Email:	Mobile:		
Please provide a short description of group.		Driver Names (max 10)	
<p>All drivers must meet the following conditions.</p> <ul style="list-style-type: none"> • Valid UK Driving Licence • Be 21 years of age or over • Held a full licence for two years or more • Have no more than 6 penalty points on your licence. 		1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
		8.	
		9.	
		10.	
Membership Type: Group <input type="checkbox"/>			
Please provide the information for each driver by completing an individual membership form available from here: Membership Form			
I have read and understood the SACT Car Club Operational Agreement, Tariffs and Privacy Statement. I agree to abide by these rules and agreements. I give my permission for SACT Car Club to enter the details given here onto an electronic database for use by SACT Car Club only. (if you send your application by email, you can sign and date it at your introduction session)			
Signed:		Date:	
<input type="checkbox"/> Please tick this box if you would like SACT to send you email updates with details of our forthcoming promotions and activities Please return your completed application form to admin@sact-carclub.co.uk post to : SACT Car Club, 27-29 Crown Street, Ayr KA8 8AG We will get back to you as soon as we can. Thank you.			

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