

www.sact-carclub.co.uk

Application for Family Membership SACT Car Club

Family Name	Contact Name	
Main Contact Address:	Main Control Tol	
	Main Contact Tel:	Max No. of Members
House/Flat No:		
Street Name:	Tel. Mobile:	
Post Town:		
PostCode:		
Email:		
Second User details:	Please provide information for each driver.	
Name of second driver:	Visit the DVLA website www.gov.uk/view-driving-licence	
Secretaria de contrata de cont	to allow us to check the licence is still valid by providing us	
Contact Address (if different)):	with:	
11 / / / / / /	 The last 8 digits of your driving licence number 	
House/Flat No:	(e.g. 123AB9XY)	
Street Name:	Your check code from the above website (e.g.	
order rune.	HbRhfp7G)	
Post Town:		
- Fire Material	Member 1:	
PostCode:	Licence No: Ch	eck Code:
Lip Colonicative	A CAPTAGO AND COLUMN TO	
Email:	Member 2:	
A CENTER NO	Licence No: Ch	eck Code:
Mobile No.		
Membership Type: Family		
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: Signed:		
Signed.	Signed.	
Main Driver	Second Driver	
Date:	Date:	
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.		
Jvm.		





