



Application for Membership

Forename(s):		Surname:	
Address (+postcode):		Tel. Home:	Date of Birth
Email:		Tel. Mobile:	
UK Licence Y/N		Number of years full licence held	
Please give details of any motoring offences that appear on your driving license, including number of points and offence code: Also include any pending offences.			
Have you made any insurance claims within the last 3 years? If yes, please give details:			
Membership Type: Individual <input type="checkbox"/>		Pay as you go <input type="checkbox"/>	
Please visit the DVLA website www.gov.uk/view-driving-licence to allow us to check your licence is still valid by providing us with:			
<ul style="list-style-type: none">• The last 8 digits of your driving licence number (e.g. 123AB9XY)• Your check code from the above website (e.g. HbRhfp7G)			
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 by 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.			