

Kent Group RoSPA Advanced Drivers and Riders Membership Application Form (Motor Vehicles)

Please complete the Associate or Full membership area as applicable.
(Full membership applies if you have passed the RoSPA Test in the last three years)

<p>1 ASSOCIATE GROUP MEMBERSHIP</p> <p>I wish to become an Associate member and to train for the RoSPA Advanced Driving Test. I confirm that I am the holder of a current full driving license (provisional licenses are not eligible), that the vehicle is roadworthy, and fully taxed and insured including MOT where applicable. <input type="checkbox"/></p> <p>My approximate annual mileage is: <input style="width: 100px;" type="text"/></p> <p>The vehicle in which I will be training is: <input style="width: 150px;" type="text"/></p> <p>Manufacturer: <input style="width: 100px;" type="text"/> Model: <input style="width: 100px;" type="text"/></p> <p>Engine cc: <input style="width: 100px;" type="text"/> Gearbox: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Other (please state)</p>	<p>2 SOCIAL MEMBER</p> <p>I wish to become a social member and do not wish to train for the RoSPA Advanced Driving Test <input type="checkbox"/></p> <p>please complete details below in section 4</p>
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3 FULL GROUP MEMBERSHIP

I wish to be a Full member of the Kent Group RoSPA ADAR.
I have passed the RoSPA Advanced Driving test within the last 3 yrs.

Date of last test: Grade: Gold Silver Bronze National RoSPA No:

(Please note the above information must be given for Full Group Membership)

For Gold and Silver Grade Holders only: "I would like to train as a Tutor" Yes No

Please note: Tutors that are active receive a substantial discount off the annual membership fee (see below)

4

Title: First Name: Surname:

Address:

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Town: Post Code: Age: (If under 26)

Phones: Home:

Mobile:

Email address:

Occupation

5 Payment on line (Recommended)

NEW! Make your membership payment by standing order, fill in the attached form and send to your bank
For a single online payment, quote your initial-lastname-postcode and new member or renewal and pay to:
Kent Rospa ADA, Sort Code: 23 05 80 Account No: 29335338

I have filled in the standing order form Made a single online payment

Payment by Cheque: (tick one box)

I enclose a cheque payable to 'Kent Group RoSPA ADA for £35 (Renewal from 2nd yr is £30)

I certify that I am under 26 years / social member and enclose a cheque for £20.00 for a years membership

I confirm that I am an active tutor or Committee member and enclose £10.00 for my years membership

News and info about events wil be sent to my email address and I will keep the group informed of any changes.

I agree that the information given here is kept electronically for the sole purpose of keeping me informed of RoSPA Kent drivers activities. I may at any time access, modify or cancel my personal data by writing to the address below.

Signature Date

Please return this form (with your cheque if applicable) to:
Membership Secretary, 62 Crofton Avenue, Bexley, Kent DA5 3AR. Tel: 0208 304 1037 Email: kentrospamembership@gmail.com