

PREFERRED RACE NO.	<h1>EMRA</h1> <i>ON BEHALF OF EAST MIDLAND CENTRE ACU LTD</i>	2020 MEMBERSHIP NO.
<b>NOT GUARANTEED</b>		ACU REF

NAME .....DATE OF BIRTH.....  
ADDRESS .....  
.....  
.....POST CODE .....

EMAIL ADDRESS .....

PHONE NO'S HOME .....  
MOBILE .....  
EMERGENCY .....

MACHINE CLASS                      125                      SOLO                      S/CAR

*I WISH TO BECOME A MEMBER OF THE EAST MIDLAND RACING ASSOCIATION AND WILL ABIDE BY THE ACU RULES, REGULATIONS AND NATIONAL SPORTING CODE*

**MEMBERSHIP FEE £22**

PAYMENT BY: CHEQUE (PAYABLE TO EAST MIDLAND CENTRE ACU LTD). ALSO CREDIT OR DEBIT CARD BY CONTACTING 02476 317273 WITH YOUR DETAILS.  
ALL CARD PAYMENTS WILL BE SUBJECT TO A CHARGE

**RETURN COMPLETED FORM TO:-**

MR IAIN RANKIN. 55 ROBERT ROAD, EXHALL, COVENTRY. CV7 9GT  
TEL : 02476 317273. EMAIL : rankin973@btinternet.com

SIGNED ..... DATED .....

**PLEASE ENCLOSE A STAMPED ADDRESSED ENVELOPE**

NOTE THAT ALL INFORMATION IS HELD ON COMPUTER  
MEMBERSHIP EXPIRES DECEMBER 2020