MINI COOPER REGISTER - MEMBERSHIP APPLICATION FORM
(Please complete in CAPITALS)

Surname _____ Mr/Mrs/Miss _____

First Names _____

Partners Name (If joint membership required) _____

Address_____

_____

Post Code _____ County_____

Country _____ Tel. No _____

email address _____

How did you first hear about the Mini Cooper Register?_____

From whom, or where, did you receive this application form? The internet

I hereby apply to become a member of the MINI COOPER REGISTER and I agree to abide by its Rules and Regulations.

I enclose a PO/Cheque (Payable to the Mini Cooper Register) for £_____
(NB Europe/Rest of the World Applications - Sterling Cheques or Credit Cards only please)

ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING

Signed _____ Date _____

I wish to pay by Mastercard/Visa. Please debit my credit card account with the amount £ _____

My Mastercard/Visa No is |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Security Code (on reverse of card) |__|__|__|__| Expiry Date of Card __ | __ / __ | ___
If paying by Mastercard/Visa please complete the following:

Name (as on card) _____

Cardholder's Address _____

_____

Please return the completed form to:

Annette Clayson, Membership Secretary,

MCR, 39 Longhope Drive, Wrecclesham, Farnham, Surrey. GU10 4SN UK.