

Member Information	
Name:*	Surname:*
ID Card Number: * _____ <i>The ID No is your membership no,</i>	Address: * _____
Nationality: * _____	_____
Date of Birth: * __/__/____	Town: * _____ Postcode: * _____

Contact Details	
Mobile Number:*	Email address:*

Vehicle Details	
Model*	Registration Number:*
Year of Manufacture:*	Colour:*

Payment Details	
<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Transfer
BANK: APS	
IBAN: MT11APSB77013000000047993020016	
SWIFT/BIC: APSBMTMT	AMOUNT: 30 EUROS

<ul style="list-style-type: none"> <li><i><input type="checkbox"/> I accept that any photos taken of me during club events can be shared on the Club's social media.</i></li> <li><i><input type="checkbox"/> I consent that my personal data may be shared with the Office of the Commissioner for Voluntary Organisations, and Maltese authorities if requested.</i></li> <li><i><input type="checkbox"/> I confirm that my police conduct is clean and that I have a valid driving license.</i></li> <li><i><input type="checkbox"/> I acknowledge that I am the sole responsible member and that I am fully responsible for my own driving and actions when taking part in the club's events</i></li> </ul>
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Member's Signature: \* \_\_\_\_\_ Date: \* \_\_/\_\_/\_\_\_\_

***The form may be presented to a committee member during events. Cash Payments will also be accepted at our events.***