

**Cheddar Valley Advanced Motorcyclists**

**Application for Full Membership for the year commencing 1<sup>st</sup> Sept 20 .**

Name.....

Address.....

.....Postcode.....

Home phone number.....Mobile number.....

Email address.....

Date of Advanced Test Pass.....

**I enclose a cheque\*/cash for £15** (*\*made payable to CVAM.*)

**I would like to pay my membership fee by Standing Order and have completed the form and forwarded it to my bank.**

( *Please delete as appropriate* )

**I confirm that I am a member of the Institute of Advanced Motorists.**

(Please note that National Membership of the IAM is a condition of membership of CVAM)

**IAM Membership Number** .....

**My name, town of residence and email address may be made available to all other CVAM Members and Associates.**  Yes.  No.

Signed.....date.....

Please complete the form and return it together with payment to the Membership Secretary

Peter Ford  
Nempnett Farm  
Blagdon  
North Somerset  
BS40 7UZ

.....  
CVAM use only.

Membership Card number.....issued date.....cheque/cash.....