



CCRC ANNUAL MEMBERSHIP APPLICATION FORM

Return form to: Castle Combe Racing Club, Castle
Combe Circuit, Chippenham, Wiltshire, SN14 7EY or
Email: shirdl@ccracingclub.co.uk
PLEASE COMPLETE IN BLOCK CAPITALS

Office
use only

I would like to become a member of CCRC and agree to the rules of the Club.
(Membership is valid for 1 year from the joining date.)

| | |
|----------------|------------|
| FULL NAME: | |
| ADDRESS: | POST CODE: |
| EMAIL: | |
| TEL NO: | |
| MOBILE: | |
| DATE OF BIRTH: | |

COMPETITOR MEMBERSHIP £120

Please give details

| | | |
|----------------------|---------|-----------|
| CHAMPIONSHIP/SERIES: | FF1600 | GTS |
| MINIS | SALOONS | HOT HATCH |

MARSHAL MEMBERSHIP £25

No. of Days
Marshalled in 2023
(max 10 days)

RACE FAN MEMBERSHIP £25

PAYMENT DETAILS

All cheques are to be made payable to the **Castle Combe Racing Club Ltd.**

For security reasons, if you are emailing this entry form as an attachment, please do not put your card details on it but phone the office direct to make payment 01249 784160

Payment methods

1. I enclose a cheque for the total of: £
2. Card Payment – Please tick: Credit card: Debit card: £

NAME ON CARD:

CARD NUMBER:

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| Start Date | | | / | | | Expiry Date | | | / | | | Issue No. Maestro only | | 3 digit code | | | | |
|------------|--|--|---|--|--|-------------|--|--|---|--|--|------------------------|--|--------------|--|--|--|--|

I authorise my card to be debited for the total amount indicated above: SIGNED: