



Limerick Classic & Vintage Car Club

Annual Family Membership Fee €25
 Membership Year: April 1st to March 31st

NAME: _____ PHONE NO: _____

ADDRESS: _____
 e-mail address: _____

Make	Model	Year	Engine cc's	Reg. No.	Insured Y/N	Insurance Co.
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Please use rear of form if this space is insufficient

Do you intend using any of the above vehicles for 'everyday' use? _____

By which type of policy are such vehicles covered
 - a special collectors policy or an everyday policy of insurance? _____

Are you aware that most special policies do not cover 'everyday' use? _____

Of which other Irish Car Clubs are/were you a member? _____

Have you ever been refused membership of another Irish Car Club? _____

I confirm that the above information is correct.

As a member of the L.C.V.C.C., I agree to abide by the rules and bylaws of the Club and by the provisions of the Club Constitution, copies of which shall be available at each meeting of the club. All vehicles owned or used by me at any Club event will be covered by a valid policy of insurance appropriate to the use and circumstances of the vehicle and conforming with the provisions of the Road Traffic Acts and all other relevant legislation.

SIGNED _____ DATE _____

The Club intends to create a database of members names and their cars.
 Tick this box if you do not want to be included in this list:

This form should be completed and given or posted to the Membership Secretary:
Ger Noonan, Raheen, Ballyneety, Co. Limerick.

General Meetings of the Club are held on the First Friday of every month at 9pm in the
Mary Immaculate College, South Circular Road, Limerick.

NOTE: Membership cards cannot be posted - please collect same in person at regular club meetings.

OFFICIAL USE ONLY	Fee Paid? _____	Card Given? _____
Membership No. _____	Cons. Given? _____	