



The
Classic Motor Boat Association of Great Britain
MEMBERSHIP APPLICATION FORM

Please PRINT CLEARLY and complete all the required fields (* - denotes a required field)

*Title: _____

*First Name(s): _____

*Surname: _____

*Address: _____

*Town: _____

Telephone: _____

*County: _____

Mobile: _____

*Post code: _____

Fax: _____

*Country: _____

Email: _____

Boat details: _____

Other relevant information: _____

Please tick:

I enclose my Annual Subscription fee of £30
(Cheque payable to: Classic Motorboat
Association of Great Britain)

Receipt required in addition to
membership card

I confirm that I have no objection to the committee of the C.M.B.A holding this information in any way they see fit, including on computer and distributing to other members in line with the objectives of the Association.

Signature: _____

Date: _____

Return to: **Keith Burgess 19 Hilltop Road, Ferndown, Dorset, BH22 9QT**
email: **cmbamembers@aol.com**