



**Advanced Drivers
and Riders
Kent Drivers**

**Kent RoSPA Advanced Drivers and Riders
Membership Application Form (Motor Vehicles)**

Please complete the Associate or Full membership area as applicable.
(Full membership applies if you have passed the RoSPA Test in the last three years)

<p>1 ASSOCIATE GROUP MEMBERSHIP</p> <p>I wish to become an Associate member and to train for the RoSPA Advanced Driving Test. I confirm that I am the holder of a current full driving license (provisional licenses are not eligible), that the vehicle is roadworthy, and fully taxed and insured including MOT where applicable. <input type="checkbox"/></p> <p>My approximate annual mileage is: <input style="width: 100px;" type="text"/></p> <p>The vehicle in which I will be training is: <input style="width: 150px;" type="text"/></p> <p>Manufacturer: <input style="width: 100px;" type="text"/> Model: <input style="width: 100px;" type="text"/></p> <p>Engine cc: <input style="width: 100px;" type="text"/> Gearbox: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Other (please state)</p>	<p>2 SOCIAL MEMBER</p> <p>I wish to become a social member and do not wish to train for the RoSPA Advanced Driving Test <input type="checkbox"/></p> <p>please complete details below in section 4</p>
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3 FULL GROUP MEMBERSHIP

**I wish to be a Full member of Kent RoSPA Advanced Drivers.
I have passed the RoSPA Advanced Driving test within the last 3 years.**

Date of last test: Grade: Gold Silver Bronze National RoSPA No:

(Please note the above information must be given for Full Group Membership)

For Gold and Silver Grade Holders only: "I would like to train as a Tutor" Yes No

Please note: Tutors that are active receive a substantial discount off the annual membership fee (see below)

4

Title: First Name: Surname:

Address:

Town: Post Code: Age: (If under 26)

Phones: Home:
Mobile:

Email address:

Occupation

5 Payment on line (Recommended)

NEW! Make your membership payment by standing order (preferred), fill in the attached form and send to your bank
For a single online payment, quote your initial-lastname-postcode and new member or renewal and pay to:
Kent RoSPA Advanced Drivers, Sort Code: 23 05 80 Account No: 29335338

I have filled in the standing order form Made a single online payment

Payment by Cheque: (tick one box)

I enclose a cheque payable to 'Kent RoSPA Advanced Drivers' for £45 (Renewal from 2nd yr is £30)

I certify that I am under 26 years / social member and enclose a cheque for £20.00 for a years membership

I confirm that I am an active tutor or Committee member and enclose £10.00 for my years membership

News and info about events wil be sent to my email address and I will keep the group informed of any changes.

I agree that the information given here is kept electronically for the sole purpose of keeping me informed of Kent RoSPA Advanced drivers activities. I may at any time access, modify or cancel my personal data by writing to the address below.

Signature Date

Please return this form (with your cheque if applicable) to:
Membership Secretary, 62 Crofton Avenue, Bexley, Kent DA5 3AR. Tel: 0208 304 1037 Email: kentrospamembership@gmail.com