

WEBFORM-Membership Application-WEBFORM

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

First Named Family	Member					
Second Named Famil (state by which names yo	y Member	own)				
Address						
Town:						
					Mobile:	
County:	F					
Post code:		nail: nail addresses are i	u aludad in mar	h anglein l	Tel:	
Membership include	s children <u>up</u>	to age 21 only.	-	otes and on	e set of correspondence.	
Do you wish your ca	ravan to be or	the film and TV h	ire register?		YE	S / NO
Your details will app If you do not agree	C. Members	NO				
Subscription covers me (If you are applying after If you would like your m	30th. September	membership will carry	over to December		ng year). It with next <i>Wanderer</i> (Club New	vsletter).
I / we hereby apply	for membersh	ip and confirm tha	t I / we agree t	o abide by	the rules of the "Historic C	Caravan Club",
it's Articles of Assoc	ciation, the Na	tural England Car	avan Code and	the HCC	Display Code and to my/ou	ır details being
held on the club dat	abase, either o	electronically, manu	ally, or both.			
We also agree to abi	ide by any oth	er rules, terms and	conditions wh	ich the clu	b shall from time to time d	ecide.
Please Sign her	'e				Date	
Please list your carav	van details bel	ow, within the Clu	ıb Display Co	de as deta		leaf if necessary
					CARAVAN SERIAL	НСС

YEAR	MAKE	MODEL	LENGTH	BERTH	CARAVAN SERIAL NUMBER, AND OTHER FEATURES	HCC registration CERT No.
NOT	E—IF YOU ARE RI	JOINING AND KN	OW YOUR	CARAVA	N'S HCC REGISTRATION	NUMBER
					PLEASE INSERT IN	THE BOX