



## MOTOR DRIVERS' FUND APPLICATION FORM

*My personal details are:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Membership No: \_\_\_\_\_ Branch: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

I, \_\_\_\_\_ apply for membership of the  
*(insert name)*

Motor Drivers' Fund and agree to abide by the rules and to pay 20p (weekly)  
or 84p (monthly).

Please take this application form as your authority to collect 20p (weekly) or  
84p (monthly).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_