OPEL VAUXHALL CLUB IRELAND

MEMBERSHIP FORM

Membership Period: 01/01/ to 31/12/

Personal Details:

Name: _____ **Mobile:** _____

Address: _____ **Home:** _____

_____ **E-mail:** _____

_____

Membership Details:

Individual: €20 ☐ **Family (2+):** €30 ☐ **Junior (Under 18):** €5 ☐

** When renewing tick appropriate box above and if your contact/vehicle details remain unchanged, please complete your name, sign and return with your payment to the address below **

Would you like to receive the Club newsletter via Mail or E-mail, please tick the appropriate box below

Mail: ☐ **E-mail:** ☐

I agree to abide to the terms and conditions of the Club Rules, which can be provided on request from the Club Secretary, or can be downloaded from www.opelvauxhallclubireland.com

Signed: _____ **Date:** _____

Vehicle Details:

Model	Body	Year	Colour	Reg. No.

Please post application together with your payment to Club Secretary:

Donal Conneely,
Coolarne,
Turloughmore,
Co. Galway,
Republic of Ireland.

membership@opelvauxhallclubireland.com