



Membership Application Form

Print Name.....

Address.....

..... Postcode.....

Tel..... Mobile.....

Email.....

Equipment which you would like to register with SIRP (please enclose a recent photograph, signed and dated).....

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If you are currently operating please enclose copies of test certificate and insurance without which we cannot consider application. Please state if not currently operating.

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Are you applying for Full or Associate membership?.....

Please sign and date here

I agree to abide by the Societies rules.....

Date.....

Completed form can be posted to The Secretary, Jack Schofield, c/o 66 Carolgate, Retford, Notts. DN22 6EF.

Forms and photos can be sent by email to sec@sirp.co.uk