



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).....

.....
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.
....

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

Please sign and date here
I agree to abide by the Societies rules.....

Date.....

Completed form, photographs & documents may be sent to:
Membership Officer - Simon Hirst
Keepers Cottage
Court Wood
Clevedon
North Somerset
BS21 6RW
Email: sirp.membershipsec@yahoo.com