



MEMBERSHIP INFORMATION FORM

NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: Home: _____

Mobile: _____

E-MAIL ADDRESS: _____

MVT MEMBERSHIP No: _____

VEHICLE/S: _____

HAS KNOWLEDGE OF (Skills): _____

I/we agree to the Code of Conduct as defined by the MVT and the West Sussex Area.

I/we agree that after attending 3 area meetings:

- I/we are members of the MVT (see Membership No above) *
- Shall become a member of the Military Vehicle Trust. *

* tick as appropriate

This will enable the undersigned to obtain insurance and benefits of becoming a full MVT member.

SIGNATURE(S): _____
