



Scottish Carriage Driving Association Ltd

APPLICATION FORM 2016

For Supporter Members.

Office use

FULL NAME: _____
1st Member

FULL NAME: _____
2nd Member at the same address (if applicable)

ADDRESS: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

E-mail: _____
We shall use your e-mail address only to communicate with you on SCDA matters and to send you copies of the Club Newsletter.

CATEGORY	ANNUAL SUBSCRIPTION	Tick below as appropriate		MEMBERSHIP BENEFITS
		1 st Member	2 nd Member	
Supporter	£10.00			Conference, Newsletter, Omnibus Schedule of Scottish events

*The insurance cover provided by Full SCDA membership is valid ONLY at driving trials events run under the auspices of SCDA.

**Young Drivers: Aged 10 (from 1st January of the year in which they reach 10), to 21 (to 31st December of the year in which they reach 21).

“I/we hereby apply to be admitted as Annual Member(s) of Scottish Carriage Driving Association Limited and agree to be bound by its Rules.”

Signature - 1st member:

Signature - 2nd member:

Date:

Please make cheques payable to **SCDA** and send them with a completed application form to:
SCDA Secretary, 1 Deanhead Road, Dunsyre, Carnwath, Lanark ML11 8NJ

Payment can also be made via BACS using your on-line banking. Please set up a transfer to:
Royal Bank of Scotland, Sort Code 83-23-44, Account No.00277322 and Ref. “SCDA membership”

I have sent payment by BACS (please tick)

YOU CAN FILL IN YOUR APPLICATION FORM ON-LINE AND PAY BY BACS

VISIT: www.scda.co.uk

New Supporter Members: Please give brief details of your experience, if any, in the carriage driving sphere, including whether you have been a previous member of any other Driving Club affiliated to British Carriagedriving, or the British Driving Society. We would particularly request that you detail any stewarding experience you have had previously, or any particular skills that you could offer to SCDA.