



Application for Affiliation to Motorsport Ireland

Motorsport Ireland, 34 Dawson Street, Dublin 2

Phone: 01 6775628 Fax: 01 6710793

Form A1

I/We hereby apply to Motorsport Ireland for Affiliation in accordance with MI General Competition Rules (GCRs) Part XIX

PLEASE USE BLOCK CAPITALS

Name of Club:

1. Please give details of the person making this application on behalf of the club:

Position:
Name:
Address:
Contact Telephone No.s:

2. Please give details of the Club's Principal Officers:

Position:
Name:
Address:
Contact Telephone No.s:

Position:
Name:
Address:
Contact Telephone No.s:

Position:
Name:
Address:
Contact Telephone No.s:

Position:
Name:
Address:
Contact Telephone No.s:

3. Please tick the motorsport disciplines that the club is interested in organising events for:

- Kart Racing
 Circuit Racing
 Special Stage Rallying
 Historic Stage Rallying
 Navigation Trials
 Retrospective Trials
 Rallycross
 Rallysprint
 Sprint
 Hillclimb
 Autocross
 Sporting Trials
 4x4 Production Vehicle Trials
 Midget Car Racing
 Autotests.

4. Is the Club Registered as a Limited Company? Yes No
If the answer is yes, please state Company Name below:

5. Please give details of the geographical position of the club, i.e. the counties or areas that you wish to run events in and where your main membership is drawn from:

PLEASE USE BLOCK CAPITALS

6. When was the Club formed? _____

7. Please give brief details of the type of activities that the club has been involved in so far:

PLEASE USE BLOCK CAPITALS

8. Please give a brief outline why the club is seeking affiliation to MI:

PLEASE USE BLOCK CAPITALS

9. When did the club become a Motorsport Ireland "Approved Organisation" ?

_____/_____/_____

10. Please tick that you have included the following documents with this application:

- A copy of the Club's current Articles of Association
- A list of the names and addresses of the Club's current active paid up members (these will be dealt with in the strictest of confidence and will not be disclosed to any other persons or organisation)
- A copy of the Club's Certificate of Registration as a Limited Company (if applicable)
- Letters of consent from at least 75% of all the existing MI Affiliated Clubs.

11. FEES are in accordance with the current GCRs Part XV

Total payment included: € _____ Cash Cheque Other _____

Or please debit my Visa Mastercard Lazer Card for the above amount:

Credit Card Number:

Expiry Date: Name of Card Holder: _____

Contact Phone Number: _____

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Chairperson's signature: _____ **Date:** ____/____/____

Secretary's signature: _____ **Date:** ____/____/____

Office Use Only

Amount Received: € _____

Date Submitted to Motor Sport Commission: ____/____/____