



Application for Affiliation to Motorsport Ireland

Motorsport Ireland, 34, Dawson Street, Dublin 2, D02 RF90

Phone: 01 6775628 email: info@motorsportireland.com

Form A1

I/We hereby apply to Motorsport Ireland for Affiliation in accordance with MI General Competition Rules (GCRs) Chapter 2 Article 13.1

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Kart Racing | <input type="checkbox"/> Circuit Racing | <input type="checkbox"/> Special Stage Rallying |
| <input type="checkbox"/> Historic Stage Rallying | <input type="checkbox"/> Navigation Trials | <input type="checkbox"/> Retrospective Trials |
| <input type="checkbox"/> Rallycross | <input type="checkbox"/> Rallysprint | <input type="checkbox"/> Sprint |
| <input type="checkbox"/> Hillclimb | <input type="checkbox"/> Autocross | <input type="checkbox"/> Sporting Trials |
| <input type="checkbox"/> 4x4 Production Vehicle Trials | <input type="checkbox"/> Midget Car Racing | <input type="checkbox"/> 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:

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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 Chapter 2 Article 13.1 (contact accounts department for amount)**

CARD NUMBER	EXPIRY	CVV																													
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EXACT NAME ON CARD:	
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I authorise Motorsport Ireland to deduct the cost of any product / licence / service selected on this or any accompanying form or document which I have provided including all relevant and specified additional costs. Alternatively, I have provided the correct value in the form of cheque/cash/postal order and attached it to this form.

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

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

Office Use Only
Amount Received: € _____
Date Submitted to Motor Sport Council: _____ / _____ / _____