

**South Wales Advanced Motorcyclists
Membership Application for Full members**

Name*:	Contact Telephone Numbers
Address*:	Home*:
.....	Mobile:
.....	E-mail*:
Post Code*:	(*Please print clearly)
**Note: Full members must be fully paid up members of the Institute of Advanced Motorists	IAM membership No.*
Membership Fee £20.00 (1.1.08 to 31.12.08)	Payment enclosed £

**** Declaration**

I declare that I am a current member of The Institute of Advanced Motorists and, that if my membership with the Institute ceases, I will inform the membership secretary of South Wales Advanced Motorcyclists.

Signed: **Date:**

I agree to abide by the rules and constitution of the Group.

Signed: **Date:**

Please complete and return this form together with membership fee made payable to SWAM to :-

**The Membership Secretary
South Wales Advanced Motorcyclists
PO Box 45
Barry
CF62 8YA**

SWAM Membership Number: **Cheque no.**