

# MMAC MEMBERSHIP RENEWAL & REJOINING FORM



MMAC No. \_\_\_\_\_

Title & Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Post Code: \_\_\_\_\_

'Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Claim Club: \_\_\_\_\_

Are you a Member of another Masters Club (i.e. Northern/Southern/Eastern) YES  
 Please circle NO

If YES please state which one:

Membership Fee of £10.00	Please Tick	£15.00 if 1 <sup>st</sup> Claim to MMAC & competing	Please Tick
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Cheques payable to **MMAC**      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Please tick discipline you compete in and indicate **main** event:

Track	Field	Road	XC	Walks
Opt-Out of receiving a hard copy of the Newsletter:			YES	NO
			<small>Please Tick</small>	<small>Please Tick</small>

**Please return to:**  
 Colin Simpson, MMAC Treasurer,  
 87 Willow Road, SOLIHULL B91 1UF