

CLWYD VETERAN & VINTAGE MACHINERY SOCIETY LTD (Est. 1976)

Membership Application Form, January – December 2026

I hereby apply for membership of the CVVMS Ltd and agree to abide by the rules of the Society.

Please PRINT all details

Full Name: _____

Address: _____

Post code: _____ Telephone: _____

Email address: _____

Type of Membership (Please Tick)

☐ Single - £15.00 ☐ Senior Citizen £10.00 (65+)

☐ Family - £20.00 (2 Adults and up to 2 Juniors under 16 on 1st Jan 2026 living at the same address) Please list all family members below:

Adult 1: _____ Adult 2: _____

Child 1: _____ Date of Birth: _____

Child 2: _____ Date of Birth: _____

Do you require insurance cover? (Please tick) ☐ Yes ☐ No If yes complete **Application for Public Liability Insurance Cover (See Below).**

I enclose a Cheque / Cash to the value of £_____ for membership of CVVMS Ltd from Jan. – Dec. 2026

Return this membership form to the Membership Secretary:

Gordon Davies, Linden Lea, 14 Rhosnesni Lane, Wrexham LL12 7LY Tel: 01978 290877

Required Tick this box ☐ to confirm that in signing this form I agree to CVVMS Ltd holding my personal details for one year.

Signed: _____ Date: _____

It is a requirement of Membership that members assist at the annual 2 day show to held this year on Saturday 15th & Sunday 16th June 2024 at Oswestry Showground.

APPLICATION FOR PUBLIC LIABILITY INSURANCE COVER

Date of Birth _____

(for insurance purposes only)

Type of Machine you will be Exhibiting: _____

Please note that the following conditions apply.

1. The exhibit is not a self propelled vehicle which is required to comply with statutory road traffic act insurance.
2. The Member is a fully paid up member of Clwyd Veteran and Vintage Machinery Society Ltd.
3. The Member displays a notice by the side of his/her exhibit stating that the exhibit is being shown on behalf of the Clwyd Veteran and Vintage Machinery Society Ltd.

Only **one** certificate of insurance is issued per membership (this includes Family Membership). In the case Family Membership should more than one certificate be required then that member must purchase a separate single membership.

THE GDPR form must be completed otherwise membership cannot be granted.

OFFICIAL USE

Number: _____

Amount Paid: _____

Date Paid: _____

Card issued: _____

Insurance: _____

(Green Card & Certificate)