



ASSOCIATION of MOTORSPORT RECOVERY OPERATORS (AMRO)



MEMBERSHIP APPLICATION/RENEWAL

NAME:

MSA LICENCE NUMBER:

ADDRESS:

PHONE:

MOBILE:

TOWN:

E-MAIL:

POSTCODE:

UNIT NAME & MSA LICENCE NUMBER:

Last training date and venue
Last assessment date and venue

APPLICATION TYPE: NEW / RENEWAL *
MEMBERSHIP TYPE: FULL / FAMILY/ ASSOCIATE*
*delete as appropriate
For Family Membership applications please give existing family member's name above.
Full/Family membership is only available to current MSA Licence Holders
Family Membership is only available to those family living at the same address

I wish to apply for membership of the Association of Motorsport Recovery Operators (AMRO)
I agree to abide by the rules and regulations of AMRO and the MSA and any amendments.
I agree to AMRO holding and using my personal data as required.
I wish/do not wish* to opt-in to the Assessment reminder service operated by AMRO
I enclose the appropriate fee - FULL - £5 Family/associate - £3 Renewal - £0*
* delete as appropriate

SIGNED:..... DATE:.....

POST COMPLETED APPLICATIONS (with appropriate fee) TO:
HELEN ARMISHAW
CROSSRIGG COTTAGE, NEWPORT ROAD, WOODSEAVES, STAFFORDSHIRE, ST20 0NP
RENEWALS MAY BE EMAILED TO: membership@amro.org.uk

OFFICE USE ONLY:
DATE RECD ACCEPTED/DECLINED DATABASE Y/N MEMBERSHIP NO. PACK Y/N