



**ASSOCIATE (NON-DRIVING) MEMBERSHIP APPLICATION FORM 2026**

|                   |  |
|-------------------|--|
| FULL NAME         |  |
| 2025 MEMBER No    |  |
| ADDRESS           |  |
|                   |  |
|                   |  |
| POST CODE         |  |
| TELEPHONE         |  |
| AGE (if under 16) |  |
| EMAIL ADDRESS     |  |

I agree to adhere to the BSCDA Rules of Association and understand that this application form only applies to Associate ie NON-DRIVING membership.

If you wish to drive you must hold a full FI Driving Licence. Details available from the Secretary.

Cheques / P.O. payable to BSCDA please.

|  |  |
|--|--|
| <p>I enclose a subscription of £25 for membership from 1st January 2026 to 31st December 2026 and I will receive all my newsletters via email<br/> <i><u>(Please make sure you have written you email address above)</u></i></p> |  |
| <p>I enclose a subscription of £45 for membership from 1st January 2026 to 31st December 2026 and I will receive all my newsletters via post.</p>  |  |

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return to : BSCDA Secretary, PO Box 3621, Uttoxeter, Staffs. ST14 9BR**

The Association reserves the right to refuse membership