



# Kent Group RoSPA Advanced Drivers and Riders Membership Application Form (Motor Vehicles)

Please complete the Associate or Full membership area as applicable.  
(Full membership applies if you have passed the RoSPA Test in the last three years)

## ASSOCIATE GROUP MEMBERSHIP

I wish to become an Associate member and to train for the RoSPA Advanced Driving Test.  
I confirm that I am the holder of a current full driving license (provisional licenses are not eligible),  
that the vehicle is roadworthy, and fully taxed and insured including MOT where applicable.

My approximate annual mileage is: .....

The vehicle in which I will be training is:

Manufacturer: ..... Model: .....

Engine cc: ..... Gearbox:  Manual  Automatic  Other (please state)

## FULL GROUP MEMBERSHIP

I wish to be a Full member of the Kent Group RoSPA ADAR.  
I have passed the RoSPA Advanced Driving test within the last 3 yrs.

Date of last test: ..... Grade: Gold  Silver  Bronze  National RoSPA No: .....

(Please note the above information must be given for Full Group Membership)

For Gold and Silver Grade Holders only: "I would like to train as a Tutor" Yes  No

Please note: Tutors that are active receive a substantial discount off the annual membership fee (see below)

Title: ..... First Name: ..... Surname: .....

Address: .....

.....

.....

Town: ..... Post Code: ..... Age: (If under 21) .....

Phones: Home: .....

Work: .....

Mobile: .....

Email address: .....

Driving License expiry date: .....

Occupation: .....

Please check one box

I enclose a cheque payable to 'Kent Group RoSPA ADA for £30 (Renewal from 2nd yr is £25)

I certify that I am under 26 years and enclose a cheque for £15.00 for a years membership

I confirm that I am an active tutor and enclose a cheque for £10.00 for my years membership

*I understand that the information given here is kept electronically for the sole purpose of keeping me informed of RoSPA activities. I may at any time access, modify or cancel my personal data by writing to the address below.*

I am happy to receive mailings by email Yes  No

Signature: ..... Date: .....

Please return this form with your cheque to the Membership Secretary:

Judith Faragalla 28 Heath Rise  
Hayes. Bromley, Kent BR2 7PD  
Email address: heyjudef26@yahoo.co.uk