

**BUGATTI OWNERS' CLUB**  
**APPLICATION FOR ASSOCIATE MEMBERSHIP**  
**2007/8**

**Please return to:**  
**Prescott Hill, Gotherington, Cheltenham, Glos GL52 9RD**  
**Email [club@bugatti.co.uk](mailto:club@bugatti.co.uk) Tel: 01242 673136 Fax: 01242 677001**

I hereby apply for Associate Membership of the Bugatti Owners' Club Limited.

Please tick

UK Single £30.00

UK Joint £50.00

**I enclose a cheque/I wish this payment to be charged to my credit card (please delete)**

Card Number .....

Valid From.....(if applicable)

Expiry Date.....

Issue number.....(If applicable)

Security Code..... (Last 3 digits on signature strip)

Signature of Card Holder ..... Date .....

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**PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS**

Title..... (Mr, Mrs, Miss, Ms, Other) Full Name.....

Address.....

..... Post Code .....

Tel : (Home) ..... Tel :(Work).....

Mobile..... Fax :.....

E-mail address.....Occupation.....

Joint membership please supply name of second member.....

Applicant's Signature..... Date.....