



RoSPA Advanced Drivers and Riders
South East Wales Group

Associate Membership Application Form - DRIVER
(Please print all details)

Name (Mr/Mrs/Miss/Ms) _____

Address _____

Tel Numbers: Home: _____

Work: _____

Mobile: _____

E-mail: _____

Years of driving _____ Are you a Driving Instructor? Yes/No

Please enclose the joining fee of £10 (made payable to Cardiff RoADA)

Signed _____

Please send to:

The Secretary, South East Wales RoADA Group, RoSPA,
2 Cwrt-Y-Parc, Parc Ty Glas, Llanishen, Cardiff CF14 5GH

Your name and address will be retained on a database under the terms of the Data Protection Act