



SEWAD - South East Wales Advanced Drivers

Application for **Standard** Associate Membership

(Please print all details. It is important that your email is legible)

Name (Mr/Mrs/Ms/Miss) _____

Address _____

Contact Details: Home Tel _____ Mobile _____

Email: _____

Years of driving: _____ Are you an ADI? (please delete as appropriate) Yes / No

Please enclose the **Standard Associate Membership Fee of **£20**
(made payable to Cardiff RoADA)**

Signed: _____

Please send to: The Secretary, SEWAD c/o ROSPA, 2 Cwrt-y-Parc, Parc Ty Glas,
Llanishen, Cardiff CF14 5GH

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

For Office Use Only

Date Received _____

Allocated Tutor _____

Date allocated _____