



THE BERMUDA INSTITUTE OF ADVANCED MOTORISTS

P.O. Box 1837, Hamilton HM HX, Bermuda

APPLICATION FOR MEMBERSHIP

PLEASE PRINT VERY CLEARLY USING a BLACK PEN

1. SURNAME (Dr/Mr/Mrs/Miss or title)
2. GIVEN NAMES IN FULL
3. DATE OF BIRTH
4. OCCUPATION
5. ADDRESS
6. TELEPHONE No's. (Home) (Work) *(Please fill in any or all of the options you wish to use as a regular contact point)*
TELEPHONE No's. (Cell)(Pager)
E-Mail address(es). (Home) (Work).....
7. Has any Court in the last five (5) years convicted you of any motoring offence? **YES/NO** (this **EXCLUDES** Parking Offences but **INCLUDES** an Order of Disqualification). If **YES**, **AFTER READING NOTE (A) BELOW FIRST, PLEASE LIST ANY PREVIOUS OFFENCE (S) IN LAST FIVE (5) YEARS GIVING DATE(S) OF CONVICTION IMMEDIATELY AFTER THEM (IN BRACKETS) AND THE PENALTY/IES AWARDED**
.....
.....
.....
ARE ANY PROCEEDINGS STILL PENDING ? **YES/NO** IF SO, FOR WHAT OFFENCE(S)?

8. DATE OF EXPIRY OF CURRENT BERMUDA DRIVING LICENCE
9. YEAR OF TRANSPORT CONTROL TEST
10. I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS GIVEN ABOVE ARE TRUE.

I AGREE TO ABIDE BY THE CODE OF ETHICS OF THE BERMUDA INSTITUTE OF ADVANCED MOTORISTS, AND WILL INFORM THE COMMITTEE IF THERE IS ANY CHANGE IN THE ABOVE PARTICULARS.

DATE

SIGNATURE

NOTE (A)

If you have been disqualified by a Court and the period of disqualification expired at any time within the last three (3) years, **on the reverse of this form** please give particulars of the disqualification in answer to question (7), even if the order of the Court may have been made **more than** five (5) years ago.

FOR BIAM OFFICIAL USE ONLY

APPROVAL DATE

BY

DUES PAID

SECRETARY'S SIGNATURE

MEMBER / ASSOCIATE MEMBER

DATE TEST PASSED

EXAMINER

Form MEM1