REDWOOD SPORTS CAR CLUB

APPLICATION FOR MEMBERSHIP

Please complete an application for each member

NAME_____

FAMILY MEMBERS – IF APPLYING FOR A FAMILY MEMBERSHIP _____

_____

STREET ADDRESS _____

PHONE_____ DATE OF BIRTH_____

EMAIL_____

MAKE/MODEL OF CAR(S)_____

_____

INSURANCE CARRIER_____

VALID DRIVERS LICENSE#_____STATE_____EXPIRES_____

HOW DID YOU HEAR ABOUT US? _____

HOW MUCH AUTOCROSS/RACING EXPERIENCE DO YOU HAVE? _____

_____

WHAT OTHER AUTOCROSS/RACING CLUBS DO YOU BELONG TO? _____

_____

PARENTS OR GUARDIANS OF MINOR APPLICANTS PLEASE FILL OUT THE FOLLOWING:

_____ HAS MY PERMISSION TO PARTICIPATE IN REDWOOD SPORTS CAR CLUB EVENTS.

PRINT NAME _____

SIGN_____ DATE_____

APPLICANTS SIGNATURE_____ **DATE**_____

$25 FOR MEMBERSHIP

$10 FOR EACH FAMILY MEMBER

DATE PAID _____ TOTAL AMOUNT PAID_____