



CHUCKANUT SPORTS CAR CLUB MEMBERSHIP APPLICATION

NAME: _____ BIRTHDATE: _____
(year optional)

WORK PHONE: _____ EMAIL ADDRESS: _____

NAME: _____ BIRTHDATE: _____
(year optional)

WORK PHONE: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

INTERESTS: PLEASE NUMBER FROM 1 (highest) to 5 (lowest) IN ORDER OF INTEREST.

AUTOCROSS _____ RALLY _____ RACING _____ TECHNICAL _____ SOCIAL _____

CAR(S): _____

SIGNATURE: _____

NOTE: Full year's dues (\$24) must be paid on application. Second year's dues will be prorated.

FOR CLUB USE ONLY:

DATE MEMBERSHIP ACCEPTED: _____ DUES PAID: \$ _____

Prorated dues next year will be \$ _____

Membership card issued? Yes _____ No _____

Window sticker issued? Yes _____ No _____