



CHUCKANUT SPORTS CAR CLUB MEMBERSHIP APPLICATION

NAME 1: _____ BIRTHDATE: _____
(year optional)

NAME 2: _____ BIRTHDATE: _____
(year optional)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE 1: _____ EMAIL ADDRESS 1: _____

CELL PHONE 2: _____ EMAIL ADDRESS 2: _____

INTERESTS: PLEASE MARK YOUR AREAS OF INTEREST.

AUTOCROSS _____ RALLY _____ RACING _____ TECHNICAL _____ SOCIAL _____

CAR(S): _____

SIGNATURE: _____

FOR CLUB USE ONLY:

DATE MEMBERSHIP ACCEPTED: _____ DUES PAID: \$ _____

Membership card issued? Yes _____ No _____

Window sticker issued? Yes _____ No _____