

## NEW APPLICATIONS - Please fill in all applicable spaces RENEWALS - Check below to update info from 2016

## 2017 MEMBERSHIP APPLICATION

Name:		Date:	
☐ Address:			
□ City:	□State:		
☐ Home #:	me #:		
☐ Email:			
Emergency  Contact:	Emergency  Contact #:		
Are you an experienced at	∠ (MUST be filled in compleuto-crosser or a rookie?		
Car Make	Model	Year	
Car Number: 1 <sup>st</sup> Choice _ Other Sports Car Clubs	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	
About You (MUST be	e filled in completely)		
Years Auto crossing?	When did you join MSC	CC?	
Birthplace	Birth Month		
Occupation			
What was your first car? _			
What is your dream car? _			
Other Interests/Hobbies? _		I	
T-Shirt Size (Polo Style):	<b>□</b> Small <b>□</b> Medium <b>□</b> La	rge   XL   XXL	
All Members: I have paid my dues fo this calendar year. I have read and			
Signature:			
Sponsor: (if new Member)			
Treasurer Signature:		Date:	