



# MEMBERSHIP APPLICATION

1" x 1"  
photo

Last Name	First Name	Middle Name	Nickname
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Home Address	E-mail	Phone
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Work Address	Nature of Work	Phone
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School	Course	Mobile
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Date of Birth	Place of Birth	No. of years driving	Car Club (if any)
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Experience in motor sports (pls check)	Year started	Length of time
Slalom		
Drag		
Rallye		
Rallycross / Autocross		
Touring Car		
Formula Car		
Off-Road		
Hillclimb		
Other (pls specify)		

Activities other than motor sports

References (name)	(company)	(phone)

Date	Signature