

APPLICATION FOR MEMBERSHIP

APPLICANT:

Name:		Date of Birth:	
Address:		Age:	
Town:		State:	Zip:
E-Mail Address:		Occupation:	
Home Phone:	Work Phone:	Cell Phone:	
Spouse's Name:	Number of Children:		
APPLICANT'S CAR: (N	<u> Must be Pre-1995)</u>		
Year:	Make:	Model:	
Color:	Motor:	CU/IN:	
Brief Description:			
CL LIDS			
<u>CLUBS:</u>			
What other clubs or organi	zations do you belong to:		
How did you hear about N	JSRA?:		

Why do you want to join NJSRA?:			
Optional Information: You may provide any as family info, other cars owned, car related s	other information you wish the club members to know such kills etc.:		
Would you be interested in helping with the	e following?		
Valve Cover Track Team: Yes No Annual Fall Picnic: Yes No Run for an office position: Yes No (Minimum 2-year membership required)			
I hereby apply for membership in the North Jersey Stre	eet Rod Association. Application fee of <u>\$10.00</u> is attached:		
Applicant: Print Name	<u>Date:</u>		
Applicant: Signature			
Sponsor: (Current Member) Print Name	<u>Date:</u>		
Date Voted in as Member:			
NJSRA Revised 10/2017			