

# MEMBERSHIP APPLICATION



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

I would like to receive American Retrocross updates and information via e-mail.

e-mail address : \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

I have goods and/or services I would like to donate to the club.

Description: \_\_\_\_\_

## VOLUNTEER INFORMATION:

I and/or family members would like to volunteer to help ARX.

Duties you can perform: \_\_\_\_\_

RACING NUMBER CHOICES: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

SKILL LEVEL (circle one):    NOVICE    INTERMEDIATE    EXPERT

ANNUAL MEMBERSHIP FEE: \$40.00  
(Check payable to SVRG)

Memberships run 365 days from date of sign up

MAIL TO:  
America Retrocross  
22605 LA PALMA AV. #517  
YORBA LINDA, CA. 92887  
714- 694-0066

\*\*\*\*\*OR\*\*\*\*\*

Bring a completed membership form with you to the next American Retrocross event.