



# 2012 MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV.: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SRA Forum ID: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ QTY (extra shirts \$20 each): \_\_\_\_\_

MEMBERSHIP	RACING	NON-RACING	ASSOCIATE	WEEKEND
REQUESTED	\$ 95.00	\$ 95.00	\$ 25.00	_____

### RACING MEMBERS ONLY: PLEASE COMPLETE THE FOLLOWING

I am a: Driver \_\_\_\_\_ Passenger \_\_\_\_\_ Plate Number requested \_\_\_\_\_ Competition Class \_\_\_\_\_

Chassis: \_\_\_\_\_ Motor: \_\_\_\_\_ RACE Lic: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home/cell) \_\_\_\_\_

I hereby give the SRA permission to release my information to SRA members. I hereby agree to abide by all the rules & regulations as laid down by the SIDE CAR RACERS ASSOCIATION

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make cheques payable to: SIDE CAR RACERS ASSOCIATION and send to:

SIDE CAR RACERS ASSOCIATION  
c/o Tina Hansen  
13 Oakside Drive  
Uxbridge, ON  
L9P 2A4  
OR

Email transfer to: [sidecarracers@gmail.com](mailto:sidecarracers@gmail.com)

Received \_\_\_\_\_ Card # \_\_\_\_\_ Fee Paid: \_\_\_\_\_