

2024 MEMBERSHIP APPLICATION

ame:		Date:	
Address:			
l City:	State:	Z	ip:
Home #:	Cell #:		
Email:			
Emergency Contact:	Emergency Contact #:		
Competition Data (MUST	be filled in completely)		
Are you an experienced autoc	rosser or a rookie?		
If experienced, please explair	۱		
Car Make	Model	Yec	ır
Car modifications			
Car Number: 1 st Choice	2 nd Choice	3 rd Choice	
Other Sports Car Clubs			
MSCC Sponsor?			
About You (MUST be filled in	completely)		
Years Autocrossing? W	/hen did you join MSC		
Birthplace	Birth Month		
Occupation			
What was your first car?			
What is your dream car?			
Other Interests/Hobbies?			
T-Shirt Size (Polo Style): Sm	all 🖬 Medium 🖬 La	arge 🗖 XL 🗖 XXL	

You acknowledge that you have read, and agree to abide by the club's bylaws and operating rules.

Signature:	
Sponsor: (if new Member) _	
Treasurer Signature:	Date:
Min. Active Member points to (To earn points: Attend r	o renew membership: <u>10</u> Min. points to receive Active Member shirt: <u>21</u> meeting = 1 • Race event = 1 • Volunteer position = 1 • Host event = 3)