



Membership Application

Member Information

First name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

————— For racers only —————

Car Information

Make/Model:	<input type="text"/>	Model Year:	<input type="text"/>
Cylinders:	<input type="text"/>	Engine Size:	<input type="text"/>
Engine Modifications:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Racer Information

Number:	<input type="text"/>
Team Name:	<input type="text"/>
Sponsors:	<input type="text"/>
Awards:	<input type="text"/>

Tick your Racing Class:	SM <input type="checkbox"/>	SS <input type="checkbox"/>	SR <input type="checkbox"/>
	HR <input type="checkbox"/>	Moto <input type="checkbox"/>	EV <input type="checkbox"/>