



PEACHTREE MG REGISTRY
PRESERVING BRITISH SPORTS CARS SINCE 1981

MEMBERSHIP APPLICATION FOR _____ RENEWAL _____ NEW MEMBER

Name: _____ Birthday (Month/Day) _____
Please Print CLEARLY

Spouse/Partner Name: _____ Birthday (Month/Day) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ (C) _____

E-Mail: _____ Referred By: _____

Spouse/Partner E-Mail: _____

Please List Your British Vehicles:

YEAR	MAKE/MODEL	COLOR	COMMENTS

Member: NAMGBR _____ NAMGAR _____

List memberships in other car clubs _____

What types of meetings, events, or newsletter info would you like to see? _____

Are you interested in a particular committee or club event? If so, what kind? _____

Peachtree MG Registry dues are \$25 per year, due in January. New members joining after June 30th receive a reduced rate of \$15 for the balance of the calendar year. Please make checks payable to **The Peachtree MG Registry**. Complete, sign, and mail this form to:

Peachtree MG Registry, c/o Dan Bosso, 2715 White Rock Dr., Buford, GA 30519 or email to: membership@peachtreemgregistry.com

I am paying by: Enclosed Check _____ E-Check _____ PayPal _____ Other _____

NOTICE: In consideration for and the acceptance of this application and payment of dues to The Peachtree MG Registry, the undersigned hereby releases The Peachtree MG Registry, event sponsors and participants from any and all liability resulting in damage to my car and/or property and to the property of others, and all injuries not limited to but including death, while participating in or traveling to or from events, meetings, tours, rallies, or shows sponsored in whole or in part by The Peachtree MG Registry. This waiver applies to any and all claims made by myself, co-participants or members and my/their heirs against The Peachtree MG Registry, its officials and sponsors, for any illness, injury or death that may result directly or indirectly from my participation in The Peachtree MG Registry. I further state that the vehicles used in event participation are insured according to the laws of the state they are registered in.

(Signed by all persons listed on the application above) DATE

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