

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: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

SKILL LEVEL (circle one): NOVICE INTERMEDIATE EXPERT

ANNUAL MEMBERSHIP FEE: \$50.00
(Check payable to SVRG)

Memberships run 365 days from date of sign up
and makes you eligible for a year-end award

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