

2018 SODCA

Membership application

Legal Name (First, Middle, Last)

Address _____

City _____ State _____ Zip _____

Home phone () _____ Cell phone () _____

Email _____

Date of birth _____ Signature _____

By signing, you have given the right for SODCA to use your name, car number, the use of any photos, and agree to post club sponsor on your car on a weekly bases for promotional use.

This information is need for payout and will be put in a secure filling cabinet

Emergency contacts

Name _____ phone# _____

Name _____ phone# _____

Driver information (for the website and promotion use)

Driver's name _____

Driver nickname _____

Car owner _____

Achievements

Years Driving a Dwarf car _____

Car information

Car# _____ Year the chassis was made _____

Engine make and model (example: 07 Suzuki GSXR 1000)

Make checks payable to SODCA

Mail to:

SODCA

Attn: Randy Slater

5024 Sardine Creek RD

Gold Hill, OR 97525

Car/Driver Membership: \$75

Cash/ check _____

Total enclosed _____

Date received _____