

PAID: CASH / CHECK

CHECK # \_\_\_\_\_

DATE: \_\_\_\_/2017



1333 Ritter St North Aurora, IL 60542

## 2017 MEMBERSHIP INFORMATION

	SSN:			
ADDRESS:				
CITY:	STATE:	ZIP		
PHONE:	CELL:			
EMAIL ADDRESS:	WEBSITE:			
EMERGENCY CONTACT:	PHONE:			
TOP SPORTSMAN NUMBER:				
NAME CAR DRIVER:		_ SSN:		
ADDRESS:				
CITY:	STATE:	ZIP		
PHONE:	CELL:			
EMAIL ADDRESS:	WEBSITE:			
EMERGENCY CONTACT:	PI	HONE:		
TOP SPORTSMAN NUMBER:				
OTHER INFORMATION:				



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## **WEBSITE INFORMATION**

DRIVER:	_ AGE: _		_YRS RACI	NG:		
WIFE/ HUSBAND:						
CHILDREN:						
OWNER:		_ AGE:	YRS R	ACING:		
WIFE/ HUSBAND:						
CHILDREN:						
CREW CHIEF:						
CREW:						
SPONSOR:	WEBSITE:					
SPONSOR:	WEBSITE:					
SPONSOR:	WEBSITE:					
YR/MAKE/ MODEL CAR:						
CHASSIS BUILDER:	TRANSMISSION:					
MOTOR INFO: BUILDER:		CU:		HSPR:		
PAINTED BY:						
Please submit form & maney to:						

Please submit form & money to:

MWTS, Michele Sojka, 1333 Ritter St, North Aurora, IL 60542

Email Car picture to:

Michele Sojka mar816@comcast.net or Kristi Vicary miss.mod.50@hotmail.com