

Equipe Rapide Sports Car Club Inc. 2010 Membership Form

Mail Form & Payment to: Equipe Rapide, c/o Kim Whitener, 9705 Fox Hill Dr. Ft Worth, TX. 76131

Type of Membership: Single \$20 [] OR Family \$25 [] Date paid _____ R/C by _____

Name _____

Address _____ City _____ St _____ Zip _____

Home Phone # _____ Work/Cell Phone # _____

Email Address _____

Autocross Vehicle: Year _____ Make _____ Model _____

Car Class: _____ **Number Preference:** 1st Choice _____ 2nd Choice _____

Names of Family Member(s) _____

Family Member(s) Car Information:

Autocross Vehicle: Year _____ Make _____ Model _____

Car Class: _____ **Number Preference:** 1st Choice _____ 2nd Choice _____