

MEMBERSHIP REGISTRATION FORM



DRIVER INFORMATION	
DRIVER'S NAME:	
STREET ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	
PHONE (home):	PHONE (work):
EMERGENCY CONTACT: (name & number)	
CARE CARD NUMBER:	DRIVER'S LICENSE NUMBER:
E-MAIL ADDRESS:	
CAR INFORMATION	
CAR NUMBER:	CLASS: STREETSTOCK
MEMBERSHIP FEES: (circle one)	
CAR & DRIVER: \$100.00	PIT CREW : \$20.00
MEDICAL CONDITIONS: Do you have any medical condition you would us to be aware of? E.g. diabetes, epilepsy, etc.	

**PLEASE MAKE CHEQUES PAYABLE TO
OKANAGAN STREETSTOCK CLUB**