Member Application & Renewal Form

(IVI) Member Name:			Birthday (MM/DD)		
(S/P) Spouse/Partne	er:			Birthday (MM,	/DD)
ADDRESS:					
Street/PO Box:					
City:		Stat	e:	Zip:	
Miata Year:	Color:			Plate:	
Telephone Home: _	()	c	ell: _(_)	
		S/P C	ell: _(_)	
E-mail (Print):					
S/P Email (Print):					
You may be our gues		_			
Dues are \$24.00 per	-	-	-		nonth. at the next meeting.
	•				_
(Jan \$24.00)	(Feb \$22.00) (Mar \$20.00)	(Apr \$18.00)	(May \$16.00)	(Jun \$14.00)
(Jul \$12.00)	(Aug \$10.00) (S	Sep \$8.00) (C	Oct \$6.00) (I	Nov \$4.00) (De	c \$2.00)
I agree to release th vendors from any ar attendance in any Cl Vehicle laws and ver	nd all liability for in ub activity. Memb	njury, damage: pership is cont	s or loss arisin	g from my parti	cipation and
(M) Signed:					Date:
(S/P) Signed:					Date: