

# VICTORIA MOTOR SPORTS CLUB

Box 48132, 3575 Douglas Street  
Victoria, British Columbia V8Z 7H5

## MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

In which format do you prefer to receive our monthly newsletter?

E-Mail     Regular Mail

What type of car do you drive?

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_ COLOUR: \_\_\_\_\_

What type of motorsport are you interested in?

- Autocross, Slalom     Time Trials, Hillclimbs  
 Road Racing     Rally     Karts  
 Other: \_\_\_\_\_

### Membership use only:

Date accepted: \_\_\_\_\_

Competition Number: \_\_\_\_\_

NOVICE: YES / NO

Initiation Fee: \$ \_\_\_\_\_

Dues: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### MEMBERSHIP:

Active: \_\_\_\_\_

Family: \_\_\_\_\_

Associate: \_\_\_\_\_

Signature of Membership Chairperson: \_\_\_\_\_

I hereby make application for membership in the Victoria Motor Sports Club. I understand that this application will be subject to the conditions stated in the Club By-Laws, under Article 1. I also certify that I am 19 years of age as of the date of this application.

Applicant(s) signature

\_\_\_\_\_  
\_\_\_\_\_

(In the case of a family membership, all involved persons will sign.)