



Member Application Request 2010'

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Work (____) _____

Birth Date: __/__/__ SS#: ____ - ____ - ____ E-Mail: _____

Emergency Contact: Name: _____ Phone: (____) _____

Member Type & Fees: **Received By:** Before: 2/1/10 After: 2/1/10

___ Car Owner/Driver/Full Member Voting Member \$100.00 \$125.00

___ Associate: Non-Voting Member \$ 40.00 \$50.00

___ Corporate: Non-Voting Member Sponsorship Required

___ Honorary: Non-Voting Member N/C

N/C

(Over 65 or CLS Official)

Make Checks Payable To: **California Lightning Sprints**

Mail Signed App. (both sides) and Check to: **11522 Wilder Way, Lakeside, Ca 92040**

Chassis Manufacturer: _____ Year: _____ Car # _____ (Requested)

Motor Make: _____ Size: _____ Year: _____

Driver History: _____

Sponsors: _____

Read & Sign Back:



Official Use Only: Date Received: _____ - _____ - _____