

## APPLICANT INFORMATION

Membership: ☐ New ☐ Renewal	
Applicant:	Birth Date (Day/Month)
Co-Pilot:	Birth Date (Day/Month)
Street:	
City:	State: Zip:
Home Phone:\	/ork Phone: Cell Phone:
E-mail Address:	
VEHICLE INFORMATION	ACTIVITIES (Please check the type of events you would like to attended)
Year:	☐ Social Gatherings
Color:	☐ Tech Days
	☐ Car Shows
License:	☐ Overnight Events
Modifications:	☐ Day Trips
	☐ Racing ( Autocross / Track / Rally )
	Other
TERMS OF MEMBERSHIP	
Please Read the following information	and Sign below:
coverage on my vehicle while in transit to/from a responsible/liable for loss/damage of vehicle(s) cattendance of Club meetings/events/functions, a Club officers/members of the Cape Fear Miata Cl	e Cape Fear Miata Club, agree to the following: to maintain minimum automobile insurance and/or in attendance of Club meetings/events, and agree the Cape Fear Miata Club is not or not responsible for personal/physical injury to myself/members/non-members in and agree to abide by all rules/policies/procedures outlined in the By-Laws established by the ab. and those regulations/policies in accordance with any participating facility during the club of its members/non-members and vehicles). All events/meetings/functions are uninsured assumes no liabilities.
Signature:	Date:

## **MEMBERSHIP DUES**

Print this page and mail it along with membership fee of \$25.00 payable to

Cape Fear Miata Club C/O Mary Sue Wahl 546 S. Middleton Dr. NW Calabash, NC 28467