



Vintage Auto Racing Association Membership Form

Date of Application: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____

Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Fax: _____

Work Phone: _____ Extension: _____

Email: _____ Occupation: _____

Yes, I am interested in working within the organization. No, I am not at this moment.

Car(s):

Year	Make	Model	Displacement

I am a member of the following racing/car clubs:

1. _____
2. _____
3. _____

How did you hear about VARA?

Friend Magazine Internet Other: _____

Membership:

Cost: \$200 if submitted before January 31st and \$225 if submitted after the date. Dues run from Jan-Dec.

Payment by card -- Cardholder Name: _____

VISA/MasterCard: _____ Security Code: _____ Exp: _____

Payment by check -- Payable To: Vintage Auto Racing Association

Please send completed application (with check if applicable) to the following address:

Vintage Auto Racing Association
4195 Chino Hills Pkwy #457, Chino Hills, CA, 91709
Phone: (800) 280-8272 Fax: (909) 248-0628