



VINLAND MOTORSPORT INC.

P.O. Box 1392
 St. John's, NL.
 A1C 5N8

Affiliated with Atlantic Region Motor Sports

MEMBERSHIP APPLICATION

I wish to apply for membership to Vinland Motorsport Inc. (hereafter called "the Club") and agree to be bound by the rules of the Club.

Name: _____ Mr. Ms. Dr.
·Last ·First ·Initial

Address: _____

Town/City: _____

Postal Code/Zip: _____ Country: _____

Phone # (Res.): _____ (Bus.): _____ Fax: _____

E-mail: _____

Occupation (Optional) : _____

Type of membership: Single -- (\$40.00)

Family - (\$60.00) *(Open to all immediate family members other than a child eligible to hold a drivers license. Families are only entitled to a single club vote. Refer to club By-Laws)*

Day ---- (\$5.00) *(To allow non-members to participate in club event 75% credited towards a full membership category.)*

Please indicate in which areas of motorsport you are interested. (Check all that apply)

- | | |
|---|---|
| Rallying ----- <input type="checkbox"/> | Solo Events----- <input type="checkbox"/> |
| Racing----- <input type="checkbox"/> | Marshaling----- <input type="checkbox"/> |
| Event Organization - <input type="checkbox"/> | Other ----- <input type="checkbox"/> |

Do you currently hold a valid Competition License? Yes No

Do you possess any emergency duties qualifications? Yes No

If "Yes" please specify: _____

Date Rec'd _____	Office use only.	Amt. Paid _____
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