



GOCC Membership Application

Eligible to be Voted in	<input type="checkbox"/>
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Name: _____ Birthday _____ (mo/day/yr)

Spouse/ Partner: _____ Birthday: _____ (mo/dav/yr)

Mailing Address: _____ Phone: (____) - _____
_____ City _____ Zip Code

E: Mail Address (if available): _____

Valid Drivers License: ___ Yes ___ No Insurance Company: _____

Sponsored by: _____ (not mandatory)

Car info:

Year: _____ Color: _____ License: _____ Model: _____ Engine: _____

Please rate your interests 1 - 10 (1 is low and 10 is high)

.Auto Cross: _____ Rally: _____ Concourse: _____ Tour(1 day): _____

Tour (2 day): _____ Tune up Mechanical: _____ Drag Racing: _____ Road Racing: _____

Body Repair: _____ Other: _____

Do not fill in below this point

Meetings .Attended (date)	Events .Attended (date)	Calls made (date)

Member chair check list: _____ Give applicant News letter, by laws & roster (after voted in):
_____ Address to news letter chair _____ Place information in file _____ added to roster