



GOCC Membership Application

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

Spouse/ Partner: _____ Birthday: _____ (mo/day)

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

Email Address: _____

Valid Drivers License: ___Yes ___No Insurance Company: _____

Sponsored by: _____ (not mandatory)

CAR INFORMATION:

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

YOUR INTERESTS 1 - 10 (1 is low and 10 is high):

Auto Cross: _____ Rally: _____ Concourse: _____ Tour (One day): _____

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

Body / Interior Repair: _____ Lead / Coordinate Events _____ Other: _____

Do not fill in below this point

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

Member check list (Completed by Vice-President):

- _____ New Member information pack
- _____ Place information in file
- _____ Add To Official Roster