



SHELBY AMERICAN AUTOMOBILE CLUB MOTOR CITY REGION MEMBERSHIP APPLICATION

Annual Dues \$25

NEW _____ RENEWAL _____ DATE _____

Name _____ Spouse _____

Children (Ages) _____

Address _____

City/State/ZIP _____

Phone: Home _____ Work _____ Cell _____

Email Address _____

	VEHICLES		CONDITION	
Type	Year	Color	(restoration, fair, good, excellent, show, original)	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

What national Shelby club(s) are you are a member of? (Mandatory)
 SAAC ___ Team Shelby ___ Neither ___

What are your interests?
 ___ Autocross ___ Drag Racing ___ Car Shows ___ Open Track
 ___ Rallies ___ Swap Meets ___ Tech Seminars ___ Vintage Racing
 ___ Social Events Other _____

Which club activities are you willing to help with?
 ___ Newsletter Articles ___ Planning & Organizing Events ___ Work Events
 ___ Other (Describe) _____

Would you like your contact information made available to other members for the purpose of member-to-member communication? Yes ___ No ___

If Yes, you also agree that Member contact information is kept strictly confidential and only used for the express intentions as stated above.

Please make checks payable to: SAAC-MCR
 Mail to: 35334 Griswold
 Clinton Twp., MI 48035-2619