



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 _____

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

What national Shelby club(s) are you are a member of? (Mandatory)

SAAC (National) _____ 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