

# CENTRAL FLORIDA STREET ROD ASSOCIATION



## MEMBERSHIP APPLICATION FORM

Mail completed form and check to:

CFSRA

P.O. Box 967

Haines City, FL 33845-0967

- ( ) One Year \$20.00  
( ) Two Years \$39.00  
( ) Lifetime \$200.00

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CAR: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

CAR: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NSRA # \_\_\_\_\_

BIRTHDAY (mm/dd/yy) \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

APPROVED BY BOARD OF DIRECTORS: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED FOR: ONE YR \_\_\_\_\_ TWO YRS \_\_\_\_\_ LIFETIME \_\_\_\_\_

SIGNATURE OF BOARD CHAIRMAN \_\_\_\_\_