



RODS & RELICS CAR CLUB MEMBERSHIP APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION. YOU MAY BRING THIS APPLICATION WITH A CHECK IN THE AMOUNT OF \$40.00 (\$20.00 IF AFTER JANUARY 1), PAYABLE TO RODS & RELICS, TO THE NEXT MEETING, OR MAIL IT TO RODS & RELICS P.O. BOX 93 LINCOLN, CA 95648.

PLEASE PRINT CLEARLY

MEMBER LAST NAME: _____ FIRST: _____

BIRTHDAY (DAY/MONTH) _____

CO-MEMBER: LAST NAME _____ FIRST: _____

BIRTHDAY (DAY/MONTH) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL # _____ (FOR ROLLING EVENTS)

E-MAIL ADDRESS _____

VEHICLE(S) YEAR _____ MAKE _____ MODEL _____

YEAR _____ MAKE _____ MODEL _____

CIRCLE ONE: STOCK MODIFIED SPECIAL FEATURES _____

AUTO INSURANCE COMPANY _____

HOLD HARMLESS RELEASE AGREEMENT

IN CONSIDERATION OF THE ACCEPTANCE OF MY MEMBERSHIP, I/WE HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR ANY DAMAGES OR INJURIES WHICH I/WE MAY RECEIVE, INCUR OR SUSTAIN AGAINST THE RODS & RELICS CAR CLUB, ITS MEMBERS, OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR SPONSORS IN ANY EVENT OR ACTIVE IN WHICH I MAY PARTICIPATE. I/WE HAVE READ AND UNDERSTAND THE RODS & RELICS BYLAWS.

MEMBER

CO-MEMBER

SIGNATURE _____ SIGNATURE _____

PRINT NAME _____ PRINT NAME _____

DATE _____ DATE _____