



OKANAGAN AUTO SPORTS CLUB
PO BOX 2467, KELOWNA, BC V1Y6A5
Email: kelownathundermountainraceway@gmail.com

2024 MEMBER APPLICATION

PERSONAL INFORMATION: (** ALL INFORMATION IS TO BE COMPLETED**)

First Name: _____ DOB: _____

Last Name: _____

Address: _____

Phone #: _____

Email: _____

Family membership includes persons living at the same address - 2 adults and children 12 and under:

NAME	RELATIONSHIP
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_____	_____
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_____	_____
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_____	_____
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OFF SITE EMERGENCY CONTACT INFORMATION

****EXTREMELY IMPORTANT - PRINT CLEARLY****

NAME: _____

TELE #: _____

NAME: _____

TELE. # _____

RACING INFORMATION

CLASS: PRO SUPER PRO TOP COMP

KSO INSTANT GREEN JR DRAG

275 IMPORTS TEEN CHAL.

VEHICLE YR: _____ MAKE: _____ MODEL: _____

COLOR: _____ 1/8TH MILE TIME: _____ 1/8 MILE MPH: _____

SIGNATURE: _____

FEEES FOR OFFICE USE

SINGLE MEMBERSHIP: \$ 90.00 FAMILY MEMBERSHIP: \$ 180.00

TOTAL PAID: _____

PAID BY: CHEQUE CASH ETRANSFER C CARD