



Great Rides, Great Friends

MEMBERSHIP APPLICATION

(Please print clearly)

MEMBER #1

MEMBER #2

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

check if Address is same as Member # 1

Cell Number: _____

Cell Number: _____

Email: _____

Email: _____

Residency: Seasonal Full Time Resident

Where did you come from(City and State): _____

Sports Car Info: Year _____ Make _____ Model _____ Color _____

Sponsor(Current Club Member): _____

Annual Membership Dues: \$100

Make your check payable to:

Shark Tooth Sports Car Club

P.O. Box 1230

Venice, FL 34284

By signing the application I/We agree to abide by the By-Laws and Constitution of the Club, inclusive of its Code of Conduct. I/We acknowledge that membership in the Club is considered a privilege and not a right.

Prospective Member #1

Prospective Member #2

(Signature)

(Signature)

Date: _____

Date: _____