



Membership Type: (Check One Box) NEW \$65/yr. RENEWAL \$40/yr*

ANNUAL DUES: Dues are not prorated.

New Member: \$65.00/1st year • Renewal: \$40.00 by Jan.1. or After Jan.15: \$65.00.

Please submit a photo of yourself and your car(s) with your application.

On renewals - please note any changes from previous year's roster.

CLUB ROSTER: Check box to include the following information address phone email

MEMBERSHIP APPLICATION

Name _____ Name _____
 Address _____ City _____ State _____ Zip _____
 Phone: Home/Work _____ Cell _____
 Email _____ Other Email _____
 His Birthday Month/day ___/___ Her Birthday Month/day ___/___ Anniversary Month/day/year ___/___/___

Car(s):

Photo	Year	Make	Model
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

(please use an additional page for additional vehicles & insurance info) Please attach a photo of each car, if possible.

AUTO INSURANCE INFORMATION (for vehicle(s) listed above)

Company _____ Policy Number(s) _____ Expires: _____
 Address _____ City _____ State _____ Zip _____

Other Club Affiliations: _____

As a member of the Roamin' Angels Car Club, you will be required to volunteer a minimum of **10 hours per year** in any of the many activities of the club. Please choose from the listing below:

Events & Activities – Plan and/or assist club "Fun Runs", cruises and/or other activities.

Annual Car Show (mark at least one category)

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Admission/Ticket Sales | <input type="checkbox"/> Applications | <input type="checkbox"/> Awards | <input type="checkbox"/> Beverage Sales |
| <input type="checkbox"/> Raffles | <input type="checkbox"/> Car Corral | <input type="checkbox"/> Commercial Vendors | <input type="checkbox"/> Arts & Craft Vendors |
| <input type="checkbox"/> Advertising/Promotion | <input type="checkbox"/> Facilities | <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Friday Night Dinner |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Poker Run | <input type="checkbox"/> Product Sales | <input type="checkbox"/> Security |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Signage | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Will help any committee! |

Membership Dues	<input type="checkbox"/> New Member-\$65.00	<input type="checkbox"/> Renewal \$40.00	<input type="checkbox"/> Late Fee \$25.00 (after Jan. 15)	\$ _____
Newsletter Options	<input type="checkbox"/> Pick up at Meeting - N/C	<input type="checkbox"/> Email it - N/C	<input type="checkbox"/> Mail it - \$18.00/yr	\$ _____
Name Badge	Name: _____	<input type="checkbox"/> Pin back \$6.00	<input type="checkbox"/> Magnetic back \$8.00	\$ _____
Name Badge	Name: _____	<input type="checkbox"/> Pin back \$6.00	<input type="checkbox"/> Magnetic back \$8.00	\$ _____

TOTAL: \$ _____

To be included in the upcoming club roster, your application and dues must be postmarked by January 1, 2017.

Make check payable to **ROAMIN ANGELS CAR CLUB**

Mail To: **Roamin Angels Car Club, attn: Membership, 11224 Sky Pines Ridge Road, Nevada City, CA 95959.**

Liability Release: I, the undersigned, in consideration of the acceptance of the right as a participant, entrant, and/or spectator, by execution of this form, release and discharge the Roamin Angels, their officers, directors, and all other current members of any and all known and unknown damages, injuries, losses, judgments, and/or claims for whoever and/or whatever that may be suffered by any entry, to his person, and/or property. I will observe all safety ordinances and traffic regulations of the State of California. I acknowledge that controlled substance abuse is not allowed. Furthermore, I will carry California's required vehicle insurance on the vehicle I use when participating in any and all Roamin' Angels events.

I have read the terms and conditions of membership as listed above, the Liability Release, and have furnished vehicle insurance information.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____