



2023-2024 MEMBER CLUB REGISTRATION FORM

(All information will be confidential - not posted to website or released to the public.)

CLUB NAME:

PRESIDENT:

CONTACT INFO: PHONE: _

EMAIL: _

ADDRESS: _

VICE PRESIDENT:

CONTACT INFO: PHONE

EMAIL: _

ADDRESS:

SECRETARY:

CONTACT INFO: PHONE:

EMAIL:

ADDRESS:

TREASURER: _

CONTACT INFO: PHONE:

EMAIL: _

ADDRESS:

MEMBERSHIP:

CONTACT INFO: PHONE

EMAIL:

ADDRESS:

CSC REP NAME

CONTACT INFO: PHONE;

EMAIL:

ADDL.REP NAME:

EMAIL:

ADDL.REP NAME:

EMAIL:

(Please use back side for additional names/contact information, i.e. racing chair, bulk tickets.)

(A) Number of club members age 18+ as of 1/1/24:

(B) Number of club members under age 18 as of 1/1/24

TOTAL of (A) + (B):

Thank you for completing this form. Please submit to Nancy Nolan at nancynolan@snet.net.