



# TEAM CONTINENTAL MEMBERSHIP APPLICATION

Full Name: \_\_\_\_\_ Nickname or Preference \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_ DOB \_\_\_\_\_ Name of Spouse \_\_\_\_\_

## RACING HISTORY

Years of Experience: \_\_\_\_\_ Best or Favorite Car: \_\_\_\_\_

Year	Cars Raced	Races Entered	Wins/Achievements

Reason for wanting to join TEAM CONTINENTAL: \_\_\_\_\_

\_\_\_\_\_

## MEMBERSHIP SPONSORS

Your three membership sponsors must be TEAM CONTINENTAL members in good standing who will assist you in becoming involved in club activities. These three TC members must sign this application.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## OFFICES OR POSITIONS HELD IN RACING ORIENTED CLUBS OR FUNCTIONS

Club	Office or Position	Event or Function	Date

Please present this application to the TC Membership Director at a TC function or send it to:  
TC Membership Director, PO Box 2273, Portland, Or. 97208-2273. Please include the \$60.00 initiation fee along with your application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Official Use</b>	Status: <input type="checkbox"/> Novice <input type="checkbox"/> Active <input type="checkbox"/> Senior	<input type="checkbox"/> Handbook <input type="checkbox"/> Decals <input type="checkbox"/> T-shirt (Senior)
Accepted by _____	Date _____	Note _____