



W.M.S.B.C.F. MEMBERSHIP APPLICATION PISTON CLUB

CHECK ONE: NEW MEMBERSHIP \$20.00 [], RENEWAL MEMBERSHIP \$15.00 []

RETURNING MEMBERS MEMBERSHIP NUMBER _____

ADDRESS: _____ APT#: _____

CITY: _____ CITY: _____ ZIP: _____

WORK PHONE #: _____

EVENING PHONE #: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____ SEND NEWSLETTER: YES [] NO []

BEST TIME TO CONTACT YOU BY PHONE: _____ I PREFER TO BE
CONTACTED BY EMAIL. YES []

I AM INTERESTED IN BECOMING A CORPORATE PARTNER []

I AM INTERESTED IN STARTING OR HOSTING AN EVENT []

I AM INTERESTED IN SETTING UP A STATE ORGANIZATION []

I AM INTERESTED IN BEING PROJECT COORDINATOR []

What skill or resources do you believe may be of value to the World Motor Sports Breast Cancer

Foundation: _____

use additional page if needed.

Inclosed is payment for my one year membership in the amount of \$ _____ Check [] M.O. [] PAYPAL []

If paying by credit card please make payment by Pal Pal . Our account is: info@worldmotorsportsbcf.org send payment and this application to: W.M.S.B.C.F. , P. O. Box 124, Park Ridge, IL 60068

Your membership card, lapel pin, car decal and key chain lanyard will be sent to you at the above address. You must use your membership number when making any purchases for our swag to receive the members discount and item must be sent to the above address. I understand that my membership will be good for one year from the date on my membership card.

Signature: _____ Date: _____