NORTH HILLS SPORTS CAR CLUB
Annual Membership Application

Date:_____

Name: _____

Membership Type: ☐ New ☐ Renewal ☐ Individual ☐ Family

Additional Family Members: _____

Address:_____

City:_____ State:_____ Zip Code: _____

Phone:_____ Email:_____

Sports Cars Currently Owned:_____

_____

Other Car Club Memberships:_____

How Did You Hear About NHSCC? _____

Emergency Contact

Name:_____

Relationship:_____

Phone:_____

I hereby apply for membership in the North Hills Sports Car Club and agree to abide by the rules of its constitution and By-Laws. I understand that dues of $25.00 for an individual membership or $35.00 for a family membership (defined as adult spouses and minor children under 18 years) per calendar year are payable upon receipt of this application. Make checks payable to: North Hills Sports Car Club.

Signature:_____

☐ I agree to share my contact information with NHSCC Members

Mail completed form with payment to: NHSCC Club Secretary, 13 Elm Avenue, Carnegie, PA 16106