

**S2na**

**2024 Membership Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_

Contact numbers.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make/Model/Year of Car: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you plan to race more than one car please add the additional car on page 2)

Class: S2 \_\_\_\_\_\_ VS2\_\_\_\_\_ HS2\_\_\_\_\_\_

I attest to the car certification in the class chosen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign)

Preferred Car Number: \_\_\_\_\_\_\_\_\_

Aluminum Head\_\_\_\_\_\_\_\_\_\_ yes/no

F/C Cam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ yes/no

Car Weight (with driver) 1310 or 1335 \_\_\_\_\_\_\_\_ lbs.

T-shirt Size: S M L XL XX (circle one)

Does S2na have your permission to release this information to other vintage race sanctioning organizations and other VS2na members for the purposes of better communications with you? Yes \_\_\_ No

**2024** **Annual Dues**: **Make checks payable to: S2na dba VS2na** $100.00

Additional $$ donation to the club appreciated. $

Thank you for being a S2na member! Total: $

Mail check AND this form by 2/15/2024 to the Club Treasurer:

**Robert Dusek II, PO Box 218, Solebury, Pennsylvania 18963-0218 (**[**Directionassoc@Comcast.net**](mailto:Directionassoc@Comcast.net)**)**