

**APPLICATION FOR MEMBERSHIP TO E.W.S.C**  
**PLEASE PRINT LEGIBLY**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Car No.:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Driver:** \_\_\_\_\_ **Owner:** \_\_\_\_\_ **Pit Crew:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_