

Edmonton Z Car Club Membership Application Form



Name(s): _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

E-mail: _____

Membership Type: (cheques can be made payable to: "Edmonton Z Car Club")
(Please select one)

Single \$40.00 (CDN funds)

Family \$50.00 (CDN funds)

Z Car(s) Info:

How did you hear about us?: _____

Date: (month / day / year) ____ / ____ / ____

Mail Membership form to:

**The Edmonton Z Car Club
P.O. Box 44018
16808 - 118 Ave.
Edmonton, AB Canada
T5V 1N6**

Or visit us at our meeting location, 7:30 PM on the first Thursday of every month at the Northern Alberta Sport Car Club Clubhouse 11512 - 168 Street, Edmonton.

Check the "Info & Sponsors" section at www.edmontonzcarclub.com for more details.
Thanks for joining the Edmonton Z Car Club!

Membership Office Use:

Membership #: _____

Paid: _____

Entered: _____