

Wisconsin Street Rod Association 2020

Please Print

\$20.00 Yearly Membership Fee

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

E-Mail: _____

Driver License #: _____

Insurance Company: _____ Policy #: _____

Street Rod- Make: _____ Body Style: _____ Year: _____

WI License Plate #: _____

Is Vehicle Operational: (YES) (NO) Vehicle Completion: _____ %

WSRA Member- Since: _____

Positions Held In Club, If Any: _____

(Under Age 18 MUST Be Sponsored)

I understand the following objectives of the WISCONSIN STREET ROD ASSOCIATION and hereby agree to uphold the Constitution and By Laws:

1. To promote interest in street rod activities.
2. To create good fellowship skills and sportsmanship among members.
3. To uphold the principals of good government.
4. To conduct Association operations and activities in such manner as to bring about clearer understanding on part of the public, press and law enforcement of the Organized Street Rod Act.
5. To promote safety in automobile maintenance and operation.

Signature of Applicant _____

Date _____

Please Make Checks Payable To: **WSRA Membership**
Mail this FORM and CHECK To: **WSRA Membership, Attn. Greg Knapp**
W140 N6717 Lilly Road
Menomonee Falls, WI 53051