



Member Application Request 2017

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Cell: (____) _____ Email: _____

Birth Date: ____/____/____

Emergency Contact: Name: _____ Phone: (____) _____

Member Type & Fees:		Received By: Before: 3/25/17 After: 3/25/17	
___ Car Owner/Driver/Full Member	Voting Member	\$100.00	\$125.00
___ Associate:	Non-Voting Member	\$ 40.00	\$50.00
___ Corporate:	Non-Voting Member	Sponsorship Required	
___ Honorary: (Over 65 or CLS Official)	Non-Voting Member	N/C	N/C

Make Checks Payable To: **California Lightning Sprints**
 Mail Signed App. (both sides) + Check to: **CLS, 22126 S. Vermont Ave., Unit A,
 Torrance, CA 90502**

Chassis Manufacturer: _____ Year: _____ Car # _____ (Requested)

Motor Make: _____ Size: _____ Year: _____

Driver History: _____

Sponsors: _____

Read & Sign Back:

Official Use Only: Date Received: ____ - ____ - ____