

KNOX MOUNTAIN MOTOR SPORT



MEMBERSHIP APPLICATION

First Name _____ Last Name _____

Address _____ City _____ Prov _____ Postal Code _____

Home Phone _____ Email _____

Would you like notification of future meetings? YES NO

Name(s) and contact number of anyone you think may be interested in joining KMMS?

Past Auto Sports Experience: (Please indicate type of worker experience if any)

Slalom

Driver _____ Organizer _____ Worker _____

Ice Race

Driver _____ Organizer _____ Worker _____

Knox Mountain Hillclimb

Driver _____ Organizer _____ Worker _____

Membership Fee \$50.00

Please mail to:

Allen Reid, 1980 Byrns Rd, Kelowna, B.C., V1W 2G4