

American Street Rodders



Membership Application

Name _____ DOB _____

Spouse Name _____ DOB _____ Anniversary _____

Mailing Address _____ E-Mail Address _____

City _____ State _____ Zip _____

Children Names & Ages _____

Classic/Antique Vehicle You Own (Year, Body Style, Engine And Other Info.)

Home Phone # _____ Cell Phone # _____

By Signing This Application, I Agree To Conform To The By-Laws of This Club

SIGNED: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

**Make Check For \$25.00 Payable To
American Street Rodders
P.O. Box 654 Hoschton, Ga. 30548**

**For Info. Call:
Sherrard White 404-403-4719
or
Ray Vaughn 404-597-6170**

Approved: ___/___/___