



Sarnia Street Machines

P.O. Box 30

Brights Grove, ON N0N 1C0

Membership Registration Form

Name: _____ Spouse: _____
 Children under 20 living at home: _____
 Address: _____ City: _____ Postal Code: _____
 Phone: _____ Email: _____

Vehicle Make (List up to 2 vehicles)	Model	Year

Sponsor's Name / Club Affiliation: _____ Phone: _____
 New Member's Signature: _____ Date: _____

Completion by Treasurer

Paid: _____ Date: _____ Membership Card Issued: _____ Constitutions Issued: _____

President's Signature: _____ Date: _____