2008 QSAC Membership Application

(print) Name:			
(print) Street:			
(print) City:	State:	Zip:	
(print) Phone Number:E-mail Address:			
PLEASE PLACE AN "X" IN THE BOX	MAILED	DOWNLOADE	ED QSAC PARTNERS
NEXT TO YOUR SELECTION>>>>	NEWSLETTER	NEWSLETTE	
Full Membership	\$60.00 ()	\$40.00 (
(Includes full QSAC insurance)			,
2 nd Family Membership	N/A	\$35.00 () Yes
(Includes full QSAC insurance and must be	in the same household)	, , ,	•
Mechanics License	N/A	\$30.00 () No
(See Note #1)			
One Day Drivers License	N/A	\$30.00 () No
(See Note #2)			
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Note #1: A mechanics license MUST be obta permit the holder in the "Hot Pit" area, it wil sponsoring a Mechanic, MUST list their QSAC QSAC Member number sponsoring this Mechanic	I not insure him/her to number below.		
only be used once per year. You will not be toward the purchase of a "Full Membership" f used the "One Day" license, he or she must t choice is made. This will provide them with a included. It is the driver's responsibility to prov	for the same year. If a dathen pay an additional safety in "Full Membership" the vide proof of the original	river wishes to ente \$30.00 or \$10.00 d ru the end of the ye "One Day" membe	er a second event after they have lepending upon which newsletter ear with all membership benefits ership.
Note #3: The membership period runs from Oc	tober 31 st thru December	er 31 st of the follow	ing year.
Note #4: Membership applications received a membership fee will be reduced 25%. This policy QSAC insurance is based on a fixed cost per me	icy applies to the "Full N	Membership" classi	
Note #5: Membership fees may vary each year.			
Note #6: "Full Memberships" received by Mar held on September 12 th , 2008 at the QSAC Sho	rch 31 st , 2008 will be eli wdown N.C.S. (The Fin	gible for the QSAC al Showdown) Race	Partners drawing which is being e.
Note #7: Please allow 30 days from the time of	sign up for all QSAC P	artners Benefits to b	become activated.
Amount Enclosed: Date:			
New Member () Renewal Memb	ber () Currer	nt QSAC #	
Make Checks Payable To: QSAC			
Mail To: QSAC, 15166 Center Road, East Lans			
<u>2008 OSAC Membership Receipt</u> (If a)	nnlied for at the tra	octz)	
NAME:	pplied for at the tra	ick)	
		ick)	
Amount Paid: Date: Received By:			