2009 QSAC Membership Application

(print) Name:		Signature:			
(print) Street:					_
(print) City:		State:	Zip:		
(print) Phone Number	er:	E-mail Ad	dress:		
PLEASE PLACE AN "X"		MAILED	DOWNLOA		QSAC PARTNERS
NEXT TO YOUR SELEC	CTION>>>>>	NEWSLETTER	NEWSLET	TER	BENEFITS
Full Membership		\$60.00 ()	\$40.00 ()	Yes
(Includes full QSAC inst	arance)	N/A	\$35.00 (,	Yes
2nd Family Membership	urongo and must be in		\$33.00 ()	ies
(Includes full QSAC ins Mechanics License	urance and must be in	N/A	\$30.00 ()	No
(See Note #1)		11/14	φ30.00 (,	110
One Day Drivers License		N/A	\$30.00 ()	No
(See Note #2)		1771	Ψ30.00 (,	110
N. 114) (TYOTH 1	1.1 1 (7.1			
					ember. This license will only
			rive a car. The	curre	ntly licensed QSAC member
sponsoring a Mechanic, MUQSAC Member number s					
QSAC Wiember number s	ponsoring this Meen	ames License			
Note #2: The "One Day I	river's License" prov	vides Driver's Insurance	e for one perso	n for o	one day or one event and can
					0.00 fee can later be applied
					second event after they have
					nding upon which newsletter
					with all membership benefits
included. It is the driver's r					
			-		
Note #3: The membership	period runs from Octol	ber 31 st thru December 3	31 st of the follo	wing y	ear.
NI-4- #4- N411		S A 1 St	.P.I.d. D.	1	21St . C . 1
					31 st of the same year. The
				assifica	tion only. Please note that the
QSAC insurance is based o	n a fixed cost per men	iber NOT per ume perio	u.		
Note #5: Membership fees	may vary each year.				
-		-4			
					ners drawing which is being
held on September 19 th , 200	99 at the QSAC Showd	lown N.C.S. (The Final S	Showdown) Ra	ce.	
Note #7: Please allow 30 d	avs from the time of s	ion un for all OSAC Pa	rtners Renefits	to becc	ome activated
	•		thers benefits	10 0000	one delivated.
Amount Enclosed:					
New Member ()	Renewal Memb	per () Current	QSAC #		
Make Checks Payable To:					
Mail To: QSAC, 15166 Ce	nter Road, East Lansin	g, MI. 48823			
2009 QSA C Members	<i>ship Receint</i> (If an	plied for at the trac			
(print) NAME:		•	,		
Amount Paid:	Date:				
Pocoived Ry					
Received Dy.	**********				