



Application for Membership in the  
**Crown Autocross Club**  
 of Greater Kansas City

I hereby apply for membership in the Crown Autocross Club of Greater Kansas City.  
 I agree to abide by all rules and regulations governing said Club.

<input checked="" type="checkbox"/> Membership Type (please check one)	Annual Dues
Individual (18 years or over)	\$30
Family (Individual 18 years or over plus spouse and children under 18)	\$45

Name	Shirt Size	Hat Size	Age (children)
<b>Individual</b>			
<b>Family</b>			

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Home Phone Work Phone

\_\_\_\_\_  
 E-Mail address (many member benefits are available through e-mail)

\_\_\_\_\_  
 Signature Date

**Make Checks Payable to:** "Crown Autocross Club"  
**Mail completed applications and payment to:**  
 Crown Autocross Club  
 P.O. Box 15563  
 Lenexa, KS 66215

Official Use	
Date Rec'd _____	
Check # _____	Amount _____
Cash Amount _____	