

**TWISTED AUTOSPORTS.COM
MEMBERSHIP FORM**

Personal Information:

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Circle One: (home) (cell) (work)

Email address: _____

Add me to the Twisted Auto sports C/C mailing list Circle One: (yes) (no)

Vehicle Information:

Make: _____ Model: _____

Year: _____ Color: _____

(Please list all modifications on back of this form, if you wish, for member page use on website)

Membership Information:

Today's Date: _____ Annual membership fee: \$20.00

Years paid: 1 2 3 4 5 (circle one) Amount Due:\$ _____

Renewal Date: _____ Amount Paid:\$ _____

Received Membership Pkg. Y N Balance Left:\$ _____

Received by: _____ Member# _____

Member number Issued: _____

TWISTED AUTO SPORTS C/C "FROM THE STREET TO THE STRIP, WITH A TWIST"
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Membership forms may be mailed to:
Twisted Auto sports C/C
1304 Cumberland Dr.
Joliet, IL. 60431

*We currently accept cash and personal checks only!
We will be accepting paypal and online applications soon!*