

**MEMBERSHIP APPLICATION & RENEWAL FORM**

Make checks Payable to: **RWCA Annual Membership Dues: \$20.00**

Send Checks to: **RWCA P.O. Box 11967, Phoenix AZ 85061-1967**

**Please Print**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Your Birthday (month & day) \_\_\_\_/\_\_\_\_ Spouse Birthday (month& day) \_\_\_\_/\_\_\_\_

Trade / Profession (optional) \_\_\_\_\_ Spouse \_\_\_\_\_

Year of Car \_\_\_\_\_ Make \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_ Eng \_\_\_\_\_

Year of Car \_\_\_\_\_ Make \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_ Eng \_\_\_\_\_

Year of Car \_\_\_\_\_ Make \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_ Eng \_\_\_\_\_

This is a : (circle one) Renewal New Membership Information Change