

TRF STREET WIZARDS CAR CLUB



MEMBERSHIP FORM

NAME: _____ SPOUSE: _____

CHILDREN: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME NUMBER: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

(All correspondence is done by email.)

YEAR AND TYPE OF VEHICLES:

1) _____

2) _____

3) _____

***MEMBERSHIP FEES ARE \$20.00 PER YEAR.
(Make Checks Payable: Street Wizards Car Club)***

Please Print this Form and Mail To:

**Bill Fogarty
1604 Nottingham Ct
Thief River Falls, MN 56701**

www.trfstreetwizards.com