

## Application for Membership



VISA



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Present Membership

No. \_\_\_\_\_

New Member

Lifetime Member

***Lifetime Membership:***

***\$400.00***

***Regular Membership:***

***\$25.00 per year***

Name on Card \_\_\_\_\_ Number on Card \_\_\_\_\_

**Mail to: American Street Rod Association  
P.O. Box 201 • Staunton, IL 62088**

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_