

**AFRA**

PO Box 311, Hfx Central  
Halifax, NS B3J 2N7



**AMKA**

110 Highway 2  
Enfield, NS B2T 1C8



**ARRCA**

PO Box 434  
Lower Sackville, NS B4C 2T



**ASCC**

PO Box 31120  
Halifax, NS B3K 5Y1



**BAC**

PO Box 2724 DEPS  
Dartmouth, NS B2W 4R4



**FMC**

306 Fulton Avenue,  
Fredericton, NB E3A 2C3



**MMSC**

PO Box 422, Moncton,  
NB E1C 8L4



PO Box 23018  
Saint John, NB E2J 4M3



**VMI**

VMI PO Box 1392  
St. John's, NL A1C 5N5

# Atlantic Region Motor Sports

## Application for Club Membership

Please forward your application to your club address



**CLUB:** (Please indicate club joining) \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** (Hm) \_\_\_\_\_

**CELL:** (If applicable) \_\_\_\_\_

**EMAIL:** (If applicable) \_\_\_\_\_

**INTEREST:** (Indicate as many as you want)

- RACE
- LAPPING
- TIME ATTACK
- RALLY CROSS
- NAVIGATIONAL RALLY
- AUTOSLALOM
- KARTING
- MARSHALLING
- RALLY SPRINT
- PERFORMANCE RALLY

**ADDITIONAL FAMILY MEMBERS AT THE SAME ADDRESS:**

(These members must be paid at time of application)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\*\*\*Upon signature/submission of this ARMS membership form, all members named hereby agree to be bound by the ARMS Code of Conduct.\*\*\***

**MEMBER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Payment Method:**

Cash \_\_\_\_\_ PayPal \_\_\_\_\_  
Cheque # \_\_\_\_\_

CLUB/REGION USE ONLY	
(ARMS Membership Dues Calculation)	
# of CLUB MEMBERS:	X (\$ ARMS LEVY) - \$
CLUB OFFICIAL (SIGNATURE):	
MEMBERSHIP TYPE:	RENEWAL                  NEW
<p>BY COMPLETING AND SIGNING THIS MEMBERSHIP APPLICATION, YOU AGREE TO BE BOUND BY THE RULES AND REGULATIONS OF YOUR CLUB AND ATLANTIC REGION MOTOR SPORTS INC. (Affiliated with ASN Canada FIA)</p>	