

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



**VINLAND
MOTORSPORT INC**

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

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.