



Membership Application

New _____ Renewal _____

Date _____

Chapter of _____

Name _____



Address _____

City _____

State _____ Zip _____

Cell _____

Alt. Phone No. _____

E-Mail _____

Car(s) Owned:

Year/Make/Model/Color/Engine/Trans.

Do you belong to any other clubs? Yes ___ No ___

If yes, which clubs? _____

Dues are \$15 per year. Please make check or money order payable to **SNAMC** and send to:

Southern Nevada AMC Club, c/o Gail Brandys, 6877 Bonillo Dr., Las Vegas, NV 89103