



Membership Application

Name: _____

Membership No. : _____ Age: _____

Address: _____

State: _____ Zip: _____

Phone (h): _____ (cell): _____

E-Mail Address: _____

Martial Status: _____

Club Affiliation (if any): _____

Automotive Interest : _____

Sponsored By: WEB SITE

Renewal

New Membership

1yr. (\$20) _____ 2 yrs. (\$40) _____ 3 yrs. (\$60) _____

Please make checks payable to: **GSRA**

Send registration and payment to:

**GSRA Membership
c/o Mary Ann Little
P.O. Box 1780
Fayetteville, GA 30214**