

2017 Pro Nostalgia Membership Application

Driver Name: _____

Nickname: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Comp. License #: _____

Competition winnings, check made payable to: _____

Car Information

Car #: _____ Car Name: _____

Body Type: _____ Year: _____

Engine Make: _____ Size: _____

Best E.T.: _____ Best MPH: _____

Special Features (i.e. blown, injected, etc.): _____

Sponsors: _____

Please return this membership application with annual dues of \$100.

Make check payable to: Pro Nostalgia Association

Mail to:

Pro Nostalgia Association

Attn: Jamie Howard

PO Box 3358

Albany, OR 97321