

# EMPIRE SPORTS CAR ASSOCIATION (ESCA)

## Founded August 3, 1963

Our purpose is to: encourage, present, and participate in sports car events, and exhibitions; encourage safe an sportsman like conduct on public roads; exchange technical information on engine performance and handling; and meet other sports car enthusiasts.

### ASSOCIATE MEMBERSHIP APPLICATION and QUESTIONNAIRE

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVERS LICENSE NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ email address: \_\_\_\_\_

INSURANCE COVERAGE: YES NO OTHER CLUB AFFILIATION YES NO

CAR OWNED: MAKE: \_\_\_\_\_ NAME OF CLUB: \_\_\_\_\_

MODEL: \_\_\_\_\_ POSITION HELD IN CLUB: \_\_\_\_\_

YEAR: \_\_\_\_\_

**DO NOT** include my phone number, email, address in the membership newsletter or in the roster which appears periodically in the club newsletter..

Briefly, what is your interest in the club? \_\_\_\_\_

What are your reasons for applying for membership? \_\_\_\_\_

Other Remarks : \_\_\_\_\_

ESCA is a non-marque club. Meetings are held on the 1st & 3rd Tuesday of each month at *Round Table Pizza*, 1003 Guerneville Rd., Santa Rosa. A monthly newsletter - *PitStop* - is mailed to each member. Members submit articles and develop and chair events. Activities sponsored by the club are Autocrosses, Rallyes (usually AB Variety), Tours, and 2 annual parties). All club events are listed in the *Pitstop*.

1) As an ASSOCIATE member, I realize that I will have no voting privileges, **nor** as an ASSOCIATE member am I able to hold an office, either elected or appointed.

2) If accepted for membership in ESCA, I will abide by the club rules and **Constitutional Bylaws of ESCA**.

I have enclosed \$ 10.00 initiation fee and \$18.00 annual dues = \$28.00, if by June 30th; or \$10.00 initiation fee and \$9.00 annual dues = \$ 19.00, if after June 30th.

Signature of Applicant: \_\_\_\_\_

### MAKE CHECK PAYABLE TO ESCA.

**UNDER 18 years of age:** The parents of this Applicant approve of HIS / HER association with ESCA and relieve the club of all legal responsibility.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Signature)

**MAIL TO: ESCA, P.O. BOX 2242, SANTA ROSA, CA 95405**