



HISTORIC SINGLE SEATER ASSOCIATION

South Africa

APPLICATION FOR MEMBERSHIP

PERSONAL DETAILS

NAME: _____ SURNAME: _____

EMAIL: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TEL (W): _____ TEL (H): _____

CELL: _____

VEHICLE DETAILS

MAKE: _____

MODEL: _____ YEAR OF MANUFACTURE: _____

RACING HISTORY: _____

DO YOU HOLD A COMPETITION LICENSE: YES NO

IF YES, PLEASE STATE LICENSE DETAILS: _____

ARE YOU A MEMBER OF ANOTHER MOTORSPORT CLUB: YES NO

IF YES, PLEASE STATE DETAILS OF MEMBERSHIPS HELD: _____

SIGNED AT _____ THIS _____ DAY OF _____ 20__

SIGNATURE _____

