

ARIZONA MINI SPRINT ASSOCIATION MEMBERSHIP APPLICATION

2009

Associate Membership \$30.00

Card # _____

Name _____

Address _____

City, State, Zip _____

Phone Number Home (____)_____ Work (____)_____

Email _____

Car # _____ Driver _____ Owner _____

Activities that you could help with _____

How many years you've been involved with the mini sprints? _____ years

Please return along with the correct dues for Membership to:

**A.M.S.A.
C/O Katherine Aragon
1729 E. Apollo Rd
Phoenix, AZ 85042**

Make checks payable to "A.M.S.A."