Membership Application Form

Annual Membership Dues: $30.00

Questions – Contact Kale Urban - Membership Chairman

605.280.9807 OR email – kaleu@wwtireservice.com

Member Name:

_____ _____
First Name Last Name

Member Spouse Name:

_____ _____
First Name Last Name

Member Address:

_____
Street Address, City, State, Zip Code

Spouse Birthday:

_____
mm/dd/yyyy

Member Birthday:

_____
mm/dd/yyyy

Are you a Veteran?:

Yes No

Employer:

_____

Home Phone: **Cell Phone:** **Email Address:**

_____ _____ _____

Your Vehicle(s):

_____ Year	_____ Make	_____ Model	_____ Color
_____ Year	_____ Make	_____ Model	_____ Color
_____ Year	_____ Make	_____ Model	_____ Color
_____ Year	_____ Make	_____ Model	_____ Color
_____ Year	_____ Make	_____ Model	_____ Color

Associate Member of: **SDSRA #:** **NSRA #:**

_____ _____ _____