

# *TRF STREET WIZARDS CAR CLUB*



## *MEMBERSHIP FORM*

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

CHILDREN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**(All correspondence is done by email.)**

YEAR AND TYPE OF VEHICLES:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

***MEMBERSHIP FEES ARE \$20.00 PER YEAR.  
(Make Checks Payable: Street Wizards Car Club)***

**Please Print this Form and Mail To:**

Dennis Skjerven  
29417 150th Ave. NW  
Newfolden, MN 56738

**[www.trfstreetwizards.com](http://www.trfstreetwizards.com)**