



MEMBERSHIP APPLICATION

Member # _____
Date: _____

NAME (Please print) _____ Birthday _____

SPOUSE / SIGNIFICANT OTHER _____ Birthday _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

FAX _____ CELL PHONE _____

E-MAIL _____ ANNIVERSARY DATE _____

YEAR _____ MAKE _____ MODEL _____ ENGINE _____ COLOR _____

LICENSE # _____ VIN# (optional) _____

YEAR _____ MAKE _____ MODEL _____ ENGINE _____ COLOR _____

LICENSE # _____ VIN# (optional) _____

YEAR _____ MAKE _____ MODEL _____ ENGINE _____ COLOR _____

LICENSE # _____ VIN# (optional) _____

DUES - \$30 FIRST YEAR (Renewal \$25) CHECKS MADE PAYABLE TO: Showcase Motor Club

MAIL TO: Showcase Motor Club, 19200 South Wolf, Mokena. IL 60448

Contact number: Bob Gamboa 708-479-6043.

LIABILITY – Neither the sponsor(s), or any organization, committee member, nor owner of the property at which the show is produced shall be responsible or liable for any loss, damage, or injury to all or any part of the exhibitor's display, and or vehicle, or exhibitor. The exhibitor shall and does hereby waive any and all rights he/she may have against them or anyone of them for such loss, damage or injury. All photos & likenesses can be used by GQ Events, Inc. for advertising or any other purposes deemed necessary. We have the right to refuse any entry.

SIGNATURE _____