



# 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 \_\_\_\_\_