2018 Redwood Dwarf Car Association Membership Form

Car Number: R		
Driver or Crew Name:		
Street Address:		
City/State	Zip:	
Cell phone:	Home Phone:	
E-mail address:	Birthdate:	
Social Security # (Drivers on	Not needed yet, see note below	
	** Drivers will fill out a W9 once paid out \$600.00 by RWDCA**	
Car Owner:		
Street Address:(Address/City/S	State/Zip) Provide if checks are to be sent to car owner.	
Sponsor:		
Sponsor:		
Sponsor:		
Are you competing for Rook	Are you competing for Rookie of The Year?	
Emergency Contact		
Name:		
Phone Number:		
Relationship:		
Driver's Signature:		
Signature authorizes release c	of information to RWDCA	
	or \$50 Crew Membership dues must be paid before your first race. wood Dwarf Car Association	
Mail or	r Hand Deliver to:	
	CA/ Noel Matthias	
	Dupree Way	
Petalu	ma, CA. 94954	
THIS SECTION TO BE COM	MPLETED BY RWDCA OFFICIAL	
Amount paid/rec'd by	Paid Date	

Cash/Check _____

Membership #