

Team Continental Membership Application/Renewal

Full Name:	(Nickname):				
Street Address:			-		
City:	State:		Zip:		
Email:		Phone:			
New Membership (YES/NO):					
Racecar & Number, Role in Rac	ing, or Favorite	Car:	-		

Please authorize by checking below what information you would like to be included in the Official TC Roster distributed to Club Members (if you do not check any boxes your information will not be listed):

- ____ Name or Nickname ____ Mailing Address ____ Phone Number
- ____ Member Status ____ Year joined the
- ____ Racecar & Car Number, Role in Racing, or Favorite Car

I have the following skills I would like to contribute to the club: ____ Negotiation Skills

- Leadership
- ___ Accounting
- ___ Computer Wiz

- ____ I like to Party
- ____ Writing or Typing Skills
- ____ Public Relations ___ Course Marshall
- ____ Timing & Scoring Experience
- I am an Old Guard & can tell all sorts of lies

Level of Involvement:

I would like to be an active member involved in the inner workings of the club and volunteer for a Board of Directors Position.

- ____ I would like to volunteer to Chair a Committee.
- ____ I would like to Represent TC at ICSCC Meetings.
- I would like to volunteer on a Committee.
- ____ I want to attend events, but not volunteer at this time.
- ____ I am an Old Guard & don't want to volunteer but will still provide my opinion.
- I would like to sponsor an event or activity

Signature: _____ Date: ____

Please present this completed form along with \$45 Membership Fee to the TC Membership Chairman or Mail to:

TC Membership Chairman P.O. Box 2273, Portland, OR, 97208-2273

For Official Use Only:						
Year: Membership Number:			Card Sent:			
Status: Prospective	_ Novice	Active	_ Senior	_ Honorary		
Application Received	l on:	_ Dues Po	aid:	Form o	f Payment:	
Additional Notes:						