



## CAPITAL Z OF TEXAS – MEMBERSHIP APPLICATION

In order to join the Capital Z of Texas, Austin's Datsun/Nissan Car Club, please fill out this form, place in an envelope with the correct postage along with your membership fee, and mail it to the address listed at the bottom of this form. You may also turn in this form along with your membership fee at the next monthly meeting. Make all checks payable to "Capital Z of Texas".

A single membership is \$35.00/year and a family membership is \$45.00/year.  
Associate membership is \$25/year.

GENERAL INFORMATION			
<b>Name:</b>		<b>Date:</b>	
<b>Name (spouse or family member):</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip code:</b>
<b>Home Phone:</b>	<b>E-Mail Address:</b>	<b>Birthday (month/day only):</b>	
<b>Other Phone:</b>	<b>2<sup>nd</sup> E-Mail Address:</b>	<b>How did you hear about us?</b>	
<b>Shirt Size (M, L, XL, XXL):</b>			

VEHICLE INFORMATION	MEMBERSHIP INTERESTS
<b>Vehicle 1 Year:</b> _____ <b>Model:</b> _____	<input type="checkbox"/> <b>Trips &amp; Tours</b> <input type="checkbox"/> <b>Racing/Autocross</b>
<b>Vehicle 2 Year:</b> _____ <b>Model:</b> _____	<input type="checkbox"/> <b>Car Restoration</b> <input type="checkbox"/> <b>Hosting Club Events</b>
<b>Vehicle 3 Year:</b> _____ <b>Model:</b> _____	<input type="checkbox"/> <b>Technical Seminars</b> <input type="checkbox"/> <b>Committee Volunteer</b>
<b>Vehicle 4 Year:</b> _____ <b>Model:</b> _____	<input type="checkbox"/> <b>Customizing</b> <input type="checkbox"/> <b>Auto Shows</b>
<b>Vehicle 5 Year:</b> _____ <b>Model:</b> _____	<input type="checkbox"/> <b>Social Events</b> <input type="checkbox"/> <b>Discounts Only</b>

- Yes No**
- I would like to receive the Capital Z of Texas newsletter.
- I would like to be e-mailed updates on club issues, event, and website updates.

**Mail To:**            **Capital Z of Texas**  
                             **P.O. Box 26883**  
                             **Austin, Texas 78755**

FOR CLUB USE ONLY. DO NOT MARK IN THIS AREA.	
<b>Payment Date:</b> _____ <input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>M/O</b>	<b>Membership Number:</b>
<b>Membership Begins:</b> _____ <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Family</b> <input type="checkbox"/> <b>Associate</b>	
<b>Membership Expires:</b> _____ <input type="checkbox"/> <b>10</b> <input type="checkbox"/> <b>11</b> <input type="checkbox"/> <b>12</b> <input type="checkbox"/> <b>13</b> <input type="checkbox"/> <b>14</b>	<b>Referred By:</b>