

HISTORIC MOTOR SPORTS ASSOCIATION
hmsa 

ASSOCIATE MEMBER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Date of Birth: _____

Occupation: _____ Shirt Size: _____

Name of HMSA Sponsoring Member: _____ Member Number: _____

Relationship: _____ Number of Historic Events You Attend Annually? _____

Make and Model of Car(s) You Own: _____

List other vintage racing organizations you belong to: _____

List car clubs you belong to: _____

PAYMENT INFORMATION

New Associate Membership \$25

VISA MasterCard Discover Check No.: _____

Credit Card No.: _____ - _____ - _____ - _____ Expiration Date ____ / ____ Security Code _____

Name on Card: _____

Signature _____

Make check payable to: HMSA

Send to:



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Montrose, Ca 91020

www.hmsausa.com
TEL: 818.249.3515

email: hmsa@hmsausa.com
Fax: 818.249.4917

FOR OFFICE USE

Authorization No. _____ Date Received _____ Amount Received _____ Check No. _____