

MEMBERSHIP RENEWAL FORM

Workers are free

**Return completed form with check for \$50 to SWMS
if you plan to drive—lapping or competition—must pay dues
(Dues are yearly, January thru December)**

Name _____ **New?** _____

Family Member _____

Address _____

City, State, ZIP _____

Mailing Address _____

Contacts: (Please print clearly)

Phone _____ **Fax** _____ **e-mail** _____

List cars:

Year	Make/Model	SWMS #	Comp/Street

Membership/Drivers # _____

Events Worked:

April _____ **May** _____

July _____ **Sept.** _____

Oct. _____ **Nov.** _____

Send completed form to:

**SouthWest MotorSport
1030 Green Valley Rd. NW
Albuquerque, N M 87107**

**CHECKOUT OUR NEW WEBSITE: WWW.SWMS.ORG FOR THE LATEST
ON CALENDAR, RULES, ENTRY FORMS, AND OTHER CLUB INFO.**