

**Dwarf Cars of Arizona**

**2024 Membership Application**



**Driver's Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dwarf Car Details**

Car Number: \_\_\_\_\_ Make/Year: \_\_\_\_\_ Engine/C.C.: \_\_\_\_\_

Car Owner: \_\_\_\_\_

**Sponsor Support**

*Please list your sponsors in the space provided, if needed continue on the end of application.*

*May we contact your sponsors (thank you, upcoming track events, club meals fund, etc.)*

YES

NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Payment

**\$100 membership fee, due for 2024 season prior to first race**

**Electronic Payments:** Zelle: [dwarfcarsofarizona@gmail.com](mailto:dwarfcarsofarizona@gmail.com)

**Checks Payable to:** Dwarf Cars of Arizona

**Forms:** Please email completed forms to [dwarfcarsofarizona@gmail.com](mailto:dwarfcarsofarizona@gmail.com)

**Mailing Address:**

Dwarf Cars of Arizona  
Attn: Christopher Trimino  
13238 N. 78<sup>th</sup> St. Scottsdale, AZ 85260

THIS SECTION TO BE COMPLETED BY PRESIDENT/VICE PRESIDENT

Membership fee received:      YES      NO      Paid date:

Signature

*I authorize and release the included information to Dwarf Cars of Arizona.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_