

- One (1) Year - \$20.00 New
 Two (2) Year - \$30.00 Renewal

ISRA

MEMBERSHIP APPLICATION



Name: _____ Spouse/Partner: _____

Phone Number: _____ Car Club Affiliation: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____ (your email address will be used for no other purpose than for Association business/communication)

Home Internet Access: Broadband Dial-up Other None

Specialty Vehicles Owned / Preference (year/make) _____

Member Number: _____ Date Originally Joined: _____ Date of This Application: _____

ISRA Representative Taking Application: _____ Renewing and Need Decals?

Payment Method: Check (# _____) Cash

Refer a Potential Member: _____

Please Remit To:
ISRA - Membership
P.O. Box 19036
Indianapolis, IN 46219-0036