

ISRA MEMBERSHIP APPLICATION

Name _____ Spouse's name _____
Address _____ Children's names _____
City _____ Vehicle make _____
State/Zip _____ Model/Year _____
Phone # _____ Club Affiliation _____
Occupation _____

Date Joined _____ Card # _____ Date to Renew _____

PLEASE CHECK ONLY ONE: New Member _____ Renewal _____
1 year \$20.00 _____ or 2 year \$30.00 _____

If you are renewing, please check here if you need a new decal _____.

Make checks payable to **ISRA** and mail to:

Attn: Membership
ISRA
P.O. Box 19036
Indianapolis, IN 46219-0036

