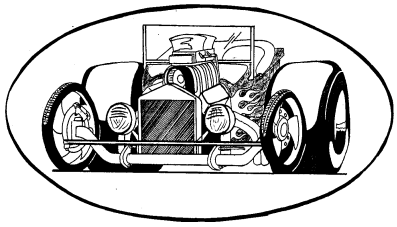
IOWA STREET ROD AND CUSTOM ASSN



MEMBERSHIP & RENEWAL APPLICATION

HIS HERS LAST

NAME

_____

MAILING ADDRESS (please print)

_____

CITY _____ STATE _____ ZIP _____

PHONE _____-_____-_____ E-MAIL _____@_____

Do you wish to receive your newsletter by Mail ☐ Email ☐ or retrieve off the website ☐

Do you wish to have your e-mail published in the "Directory – Handbook" yes __ no __

Do you wish to be listed on the ISRA emergency t ravel list in the "Directory – Handbook" **

Yes __ No ___ Mech. __ Trans. __ Lodging __ Social __ All __ Phone ____ -____-_____

Do you wish to have your vehicle picture on the ISRA web page? yes ___ no ___

Do you have your vehicle inspected by the NSRA inspectors? yes ___ no ___

VEHICLE: #1 YEAR _____ MAKE _____ MODEL

_____

VEHICLE: #2 YEAR _____ MAKE _____ MODEL _____

LOCAL CLUB AFFILIATION _____ _____

(for newsletter only)

HIS BIRTH DATE _____ _____ HER BIRTH DATE _____ _____

MONTH DAY MONTH DAY

SIGNATURE _____

(please check below and fill in your current number if you are a member)

___ $ 30 Single & Couples

Enclosed is payment ☐

or

Paid Online ☐

___ New Membership

___ Current Membership (renewal) #_____

___ Previous Membership (renewal) #_____

Pay online with Pay Pal or

Make checks payable to **ISRA MEMBERSHIP**

PLEASE RETURN BY MAIL OR EMAIL TO:

HARLEY ALCOX - MEMBERSHIP

66211-248TH ST.

NEVADA. IA. 50201

** Members on this list maybe able to help in the areas that they checked.

Mechanical Transportation Lodging Social All