## **MEMBERSHIP APPLICATION**

NAME:	DATE:	
SPOUSE OR COMPANION'S NAME:		
STREET or PO BOX:		
CITY:		
PHONE: HOME:	CELL:	
(Please include area code) COMPA	NION'S CELL:	
E-MAIL ADDRESS:		
SPOUSE OR COMPANION EMAIL ADDRESS:	: 	
OK TO PUBLISH ON CLUB WEBSITE: YES	/ NO	
AUTOMOBILE SPECIFICATIONS		
MODEL (which Z?):	YEAR:	STYLE:
EXTERIOR COLOR:	INTERIOR CO	LOR:
TOP COLOR: ENGINE SI	ZE: TR	ANSMISSION:
OTHER SPECIAL FEATURES OR MODIFICAT	ΓΙΟΝS:	
You don't need to be an "experienced" sports ca We're just "regular folk" who really enjoy our ca accurately completing this form will help us com	rs and one another. Yo	our cooperation in fully and
ANNUAL DUES \$35.00 Return completed Membership Application and check to club Treasurer make check payable to		
<u>ARIZONA BMW Z SERIES CLUB</u> Mail to: Jim Warren 779 E La Costa Dr, Chandler, AZ 85249		
If you would like additional information regarding the Club, please contact the President through the email link at the Club website.		
www.Az	ZBMWZ3.com	