

Absolute Illusions Custom Car Club



Application for Membership Form

Name of Prospective Member: _____

Date of Birth: _____ Today's Date: _____

Name of Sponsoring Member: _____

Telephone Number: _____

Email Address: _____

Home Address: _____

Car Make/Model/Year: _____

Car Status

Project Vehicle

Show Vehicle

If no sponsoring member, how did you hear about our organization? _____

If under the age of 18, Please have your parent sign and date this form

Parent Signature

Date

Prospective Member Signature

Sponsoring Member Signature

Approved

Not Approved

Approved By: _____ Date: _____

2nd By: _____ Date: _____

For Officer and
Founder Use Only