

West Coast Kappa Car Club Membership Application

Name:	Forum Name:
Address:	
City, ST Zip	
Home Phone:	Cell Phone:
Work Phone:	FAX:
Email:	

Additional Household Associates, Vendor/Industry Associates

Full name:	Forum Name:

Dues

Annual membership and renewal is \$20 per Household, Industry or Individual membership. (Associate members are included for free.) Renewal dues collected in March to cover membership year April 1 through March 31. Dues are prorated \$5 per quarter year for the first year joined.

	Date Joined	
First year membership dues: Joined Apr-1/Jun-30	\$20	
First year membership dues: Joined Jul-1/Sep-30	\$15	
First year membership dues: Joined Oct-1/Dec-31	\$10	
First year membership dues: Joined Jan-1/Mar-31	\$25 (Includes following yr early renewal)	
Total:		

Household Membership (One vote per household) Vendor/Industry Membership (non-voting)

Conduct & Release Agreement

All new members must submit an application for membership and annual club dues to the Club Treasurer. Membership is open to anyone who has an interest in the Pontiac Solstice, Saturn Sky, or other vehicles built upon the Kappa platform, agree to abide by the bylaws of the club, and agree to conduct themselves in accordance with the family oriented nature of the club. Ownership of a Solstice or Sky is not a requirement. Full membership status will be granted following the applicant being voted in as a member. Provisional membership privileges will apply until voted in as a member.

In consideration for the club accepting my event registration and/or membership application, I, the undersigned, intending to legally bind myself, my heirs, executors, administrators, next of kin, and assignees, do hereby waive all rights and claims or actions for property damage, personal injury, wrongful death, or other harm against any person or organization affiliated with the West Coast Kappa Car Club. I agree to indemnify, save and hold harmless the West Coast Kappa Car Club, its officers, its members, and all sponsors from any claims, actions, damages, liability, and expense, including attorney fees on account of injury to my person or property, or resulting in my death, while I am observing or participating in any way with this club including travel to and from meetings and events.

Primary Member Name: (print)	Signature:	Date:
Associate Member Name(s): (print)	Signature:	Date:

Make Checks payable to: Sal Orlando	Mail completed form to: West Coast Kappa Car Club c/o Vincent Cordrey 603 E. Pine Ave. El Segundo, CA 90245-3149
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On-line Membership Application: <http://wckcc.org/new-member>