



# VARAC Membership Form 2021

A current medical form must be submitted. If joining CASC, please submit CASC Medical. Alternatively use the VMC medical - we can email a copy if not available online  
A recent passport type photo must also be supplied. \*\*address to mail cheque at bottom

Date Submitted:

First Name:  Last Name:

Address:

City:  Province:  Postal Code:

If out of Canada, please indicate state / zip code / country:

Home Phone:  Cell Phone:

Work Phone:  Work Ext:

Email Address:

Twitter Handle:

## VARAC Membership & Licence Information:

This Membership is :  NEW MEMBERSHIP  Renewal Member Since:

Current race license issued by:  If OTHER, name:

No current race license - list accredited School:

Accredited race school completed:  DATE of Completion:

I am interested in participating in the VARAC Yahoo Chat Group

Interested in contributing to VARAC online content ("Pit Signals", "Vintage Racer", Press Releases etc)

I would like to be contacted for assistance in getting started with VARAC and being introduced to other members

The personal contact information I have provided in this form can be made available to other VARAC members as a means of contacting me.

**Current medical form must be submitted (CASC or VMC medical) along with a recent passport photo.**

## RACE CAR INFORMATION

	YEAR	MAKE	MODEL	RACE NUMBER*	GROUP
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* If you are a new member or are registering a new car that requires a new race number, email Ivan Samila: [ivan.samila@varac.ca](mailto:ivan.samila@varac.ca)

IF SUBMITTING BY MAIL, PLEASE SEND CHEQUE AND THIS FORM PRINTED TO:

JULIE WILDMAN 179 Creek Path Ave., Oakville, ON L6L 6T5