



# Membership Application



## Membership Requirements:

**WAM Member:**

Any wife, mother or sister of a Sprint Cup Series, Nationwide Series or Craftsman Truck Series driver, car owner, team member, NASCAR official, track owner, track promoter, public relations representative, parts or equipment manufacturer, or accessory representative in any of the three listed racing circuits.

Affiliates Name: \_\_\_\_\_

Affiliates Employer: \_\_\_\_\_

Affiliates Job Title: \_\_\_\_\_

**WAM Member:**

Any woman who is currently employed by NASCAR, a Sprint Cup, Nationwide or Craftsman Truck Series team, a track, public relations firm, parts or equipment manufacturer, or accessory supplier in any of the three listed racing circuits.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Friends of WAM:**

Any fan of Sprint Cup, Nationwide or Craftsman Truck Series racing who wishes to support the causes and mission of the Women's Auxiliary of Motorsports.

### Friends of WAM Please Check one:

Single-year Membership (\$25)     Three-year Membership (\$60)

Five-year Membership (\$100)     Lifetime Membership (\$250)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Birth (month and day only): \_\_\_\_\_ / \_\_\_\_\_

Charge my membership fees to my Visa/Mastercard: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Or mail application with check or money order to:  
WAM, Inc., 41 Odell School Rd., Ste. K, Concord, NC 28027  
704-788-9299 ♦ 704-788-9223 Fax ♦ www.waminc.org

**For Office Use Only:**

Paid:  check# \_\_\_\_\_  credit card

Enter DB Date \_\_\_\_/\_\_\_\_/\_\_\_\_