Rhode Island Street Rodding Association

Membership Application

	Ple	ease Print
Name:		Occupation:
Spouse:		Phone Home:
Street:		Cell:
City:	Zip:	
Vehicle Information:		
Year: Make:		
Engine:	-	
Transmission:	_	
Color:	_	
Additional description (optional):		
Is your vehicle finished or under constru		
List any auto affiliations that you are ass	ociated with:	
What areas are your interests, customs, i	muscle cars, street ro	ods - etc?
Do you have automotive specialties?		
Are you a member of NSRA?		
Is your vehicle NSRA inspected?		
If so, membership No:		
		
Applicant Signature:		Date:
For RISRA use only:		Application reviewed by:
		Date of Membership vote:
		Membership: Accepted: Rejected: