

Atlantic Region Motor Sports

Application for Club Membership

Please forward your application to your club address



AFRA

1601 Lower Water Street, Ste
103, Halifax, NS B3J 3P6



110 Highway 2
Enfield, NS B2T 1C8



PO Box 434
Lower Sackville, NS B4C 2T2



PO Box 31120, Halifax,
NS B3K 5Y1



PO Box 2724 DEPS,
Dartmouth, NS B2W 4R4



150 Wynwood Drive,
Moncton, NB E1A 2M6



306 Fulton Avenue,
Fredericton, NB E3A 2C3



PO Box 422, Moncton,
NB E1C 8L4



PO Box 68, Fredericton,
NB E3B 4Y2



PO Box 23018, Saint John,
NB E2J 4M3



VMI PO Box 1392, St. John's,
NL A1C 5N5

CLUB: Bluenose Autosport Club

NAME:

ADDRESS:

PHONE: (Hm)

CELL: (If applicable)

EMAIL: (If applicable)

INTEREST: (Indicate as many as you want)

- RACE
- LAPPING
- SOLOSPRINT
- RALLY CROSS
- NAVIGATIONAL RALLY
- RALLY SPRINT
- AUTOSLALOM
- KARTING
- MARSHALLING

ADDITIONAL FAMILY MEMBERS AT THE SAME ADDRESS:

(These members must be paid at time of application)

1.

2.

3.

4.

MEMBER'S SIGNATURE:

DATE:

CLUB/REGION USE ONLY
(ARMS Membership Dues Calculation)

of CLUB MEMBERS: X (\$ ARMS LEVY) - \$
CLUB OFFICIAL (SIGNATURE):
MEMBERSHIP TYPE: RENEWAL NEW

BY COMPLETING AND SIGNING THIS MEMBERSHIP APPLICATION, YOU AGREE TO BE BOUND BY
THE RULES AND REGULATIONS OF YOUR CLUB AND ATLANTIC REGION MOTOR SPORTS INC.

(Affiliated with ASN Canada FIA)