

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CLASSES (CIRCLE ALL APPLICABLE)

B1-HYDRO

25SSH

OSY400

CSR

OTHER \_\_\_\_\_

E-MAIL NEWSLETTER YES \_\_\_\_\_ NO \_\_\_\_\_

RACING MEMBER (\$30)

NON-RACING MEMBER (\$25)

TOTAL ENCLOSED \$ \_\_\_\_\_

PLEASE SEND THIS FORM WITH YOUR CHECK PAYABLE TO EORC AND MAIL TO:

JEFF CLAISSE PO BOX 2563 N. BABYLON, NY 11703