



2024 Membership Form

Driver Information:

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact Information:

Name: _____

Phone: _____ Relationship: _____

Car Information:

Year: _____ Make: _____ Model: _____

Engine: _____ Transmission: _____

Clutch: _____ ET Time: _____

Sponsor(s): _____

Driver Highlights: _____

NHRA Member Number: _____

Vehicle/Racer Number: _____

Jacket Size: _____ T-Shirt Size: _____ Hat Size: S/M __ L/XL__

Mail form and \$225 membership dues to RMSS, PO Box 283,
Dacono, CO 80514. Make check payable to RMSS
Direct Questions to rockymountainstickshifters@gmail.com