



Motorcar Operators West Membership Application/Renewal Form

Here is my \$24 dues check made payable to Motorcar Operators West. Mail to:
Harry Fischer, MOW Membership, 28819 Shadow Valley Lane, Santa Clarita, CA 91390-1265

New: _____ Renewal: _____

Name (please print) _____

Spouse name _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail: _____

If you do not wish to have your name listed in the MOW roster, check here . This option is not recommended but will be honored if you so desire.

FOR NEW MEMBERS: How did you hear of MOW?

Referred by: _____

Other: _____