



Northern Nevada Z Car Club Membership Application

Last Name: _____ First Name and Initial: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mail (if different address): _____ City: _____ State: _____ Zip: _____

Email: _____ Contact No: (____) _____ Birthday: _____ Handle: _____

- Check Box if you would like Club Notifications via Email (cancel anytime by notifying Media Dir.)
- Check Box if your contact info may be posted in the "Members Only" Web Directory

Spouse's name (or significant other that may drive your car(s)) & birthday: _____

Qualifying Z or other Nissan Sports Vehicle(s):

Model: _____ Year: _____ Color: _____ Engine: _____ Years Owned: _____

Model: _____ Year: _____ Color: _____ Engine: _____ Years Owned: _____

Model: _____ Year: _____ Color: _____ Engine: _____ Years Owned: _____

I understand that I must keep a current State Driver's license, vehicle registration and insurance on my running qualifying vehicles, and I will not participate in Club driving events if I fail to do so ___ **INITIAL HERE**

Check what you are interested in participating:

- Car Shows Meetups Local Cruise's Overnight Cruises Community Service
- Sanctioned Autocross Sanctioned Track Days Sanctioned Drag Race Club Leadership
- Other (specify) _____ . What would make the club better? _____

I wish to apply for membership to the Northern Nevada Z Car Club. I understand that I must keep current State drivers license, vehicle registration, and minimum State required vehicle insurance on my running qualifying vehicles to continue being a member in good standing. If I fail to do so, I will be suspended from the club activities until I'm in compliance. I will honestly try to be an active member of this organization, and will be proud to belong and help when I can, for the betterment of the club. I give permission to the NNZCC to use my first name or handle, and my image, and the images of my vehicle(s) in online media and other publications that may occur in the future

SIGNATURE: _____ . Parent's indorsement, if under 18. _____

Mail Initialed & signed application with dues payment to: NNZCC, 8495 Opal Station Dr., Reno, NV 89506

For Club Use

Membership Type? Full , Honorary: , Sponsor/Corporate: . Date Received? _____

Membership granted? Yes: or No: & Date _____ . If No, enter reason(s) on back of form.

Amount of Dues received? \$ _____ . Check # _____ or Cash received by: _____