

Membership Application Form
Mountain Miatas of East TN
www.mountainmiatas.com

Your Name: _____ **Date:** _____

Your Email Address: _____

Your Mailing Address w/ZIP CODE: _____

Your County of Residence: _____

Your Home Telephone: _____ Your Cell: _____

Your Occupation: _____

Name of person joining with you: _____

Their relationship to you: _____ (i.e. spouse, friend)

Their mailing address w/ZIP CODE: _____

Their home telephone: _____ Their email: _____

Their occupation: _____

Your Miata: Year _____ Color _____ Name _____

Is this your first Miata? ____Yes ____No

Are you interested in helping with club activities, committees? ____Yes ____No

With your signature(s) you AGREE AND ACCEPT the following statements and conditions:

As a member of Mountain Miatas Club of East TN, Inc., I agree to obey all Tennessee motor vehicle laws and set a positive example for other drivers. I acknowledge that any driving event, whether on a public road or on a track, involves danger and risk. I will not hold the Mountain Miatas Club, its officers, members or assigns responsible for any accident, mishap or injury that may occur during any Mountain Miatas Club meeting, event, or activity. I understand that the Mountain Miatas Club does not provide medical, accident, or general insurance. [*Make checks or money orders payable to "Mountain Miatas of East TN"*]

SIGNED (1): _____ DATE: _____

Printed Name: _____

SIGNED (2): _____ DATE: _____

Printed Name: _____