

HISTORIC MOTOR SPORTS ASSOCIATION
hmsa 

MEMBERSHIP RENEWAL FORM

Name: _____ Member No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Date of Birth: _____

Occupation: _____ Shirt Size: _____

Spouse's Name: _____ Date of Birth: _____

If your car(s) have changed in the past year please note below: _____

PAYMENT INFORMATION

- Regular Member Annual Renewal \$200 Gold Member/Legends Annual Renewal \$225
 Gold Member Upgrade for Existing Members \$275 Crew Member Annual Renewal \$75

VISA MasterCard Discover Check No.: _____

Credit Card No.: _____ - _____ - _____ - _____ Expiration Date ____ / ____ Security Code _____

Name on Card: _____

Signature _____ Date: _____

Make check payable to: HMSA

Send to:



2029 Verdugo Blvd., No. 1010
Montrose, Ca 91020

www.hmsausa.com
TEL: 818.249.3515

email: hmsa@hmsausa.com
Fax: 818.249.4917

FOR OFFICE USE

Authorization No. _____ Date Received _____ Amount Received _____ Check No. _____