



2011 Offshore Super Series Pit Crew Membership Form 2

Please return to OSS Office via Fax: (313) 841-4880 Phone (248) 894-1177

Boat Name: _____ Team Name: _____ Boat # _____

OSS/APBA Membership \$100.00 per Pit Crew Member

PIT CREW NAME: _____ **E-mail:** _____

Phone # : (_ _) _____ Mobile # : (_ _ _) _____ Fax # : (_ _ _) _____

Mailing Address: _____ City/State: _____ Zip _____

Crew Chiefs Signature _____ Date _____

Form of Payment: Check Credit Card Cash Amount Paid: _____ Date: _____

To be assigned by APBA Membership #: _____ Signature: _____

PIT CREW NAME: _____ **Email:** _____

Phone # : (_ _) _____ Mobile # : (_ _ _) _____ Fax# : (_ _ _) _____

Mailing Address: _____ City/State: _____ Zip _____

Pit Crew's Signature _____ Date _____

Form of Payment: Check Credit Card Cash Amount Paid: _____ Date: _____

To be assigned by APBA Membership #: _____ Signature _____

PIT CREW NAME: _____ **E-mail:** _____

Phone # : (_ _) _____ Mobile # : (_ _ _) _____ Fax # : (_ _ _) _____

Mailing Address: _____ City/State: _____ Zip _____

Pit Crew's Signature _____ Date _____

Form of Payment; Check Credit Card Cash Amount Paid: _____ Date: _____

To be assigned by APBA Membership #: _____ Signature _____

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