



# 2011 Offshore Super Series Pit Crew Membership Form 1

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

**CREW CHIEF'S 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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