2010 Club Affiliation Application Form

www.caccautosport.org

Please Note: ALL information is required. Failure to provide The information requested will delay processing and your Ability to obtain Insurance and Licenses. Please include a cheque **Payable to CACC for $50.00.**

MAIL COMPLETED FORM TO:
CACC Secretary
4042 River Rd. West, Delta, BC.
V4K 1R8 604-946-6416
secretary@caccautosport.org

FULL LEGAL NAME OF CLUB:			**ACRONYM:**
CLUB MAILING ADDRESS:	**CITY:**	**PROVINCE:** **B.C.**	**POSTAL CODE:**
BC SOCIETIES REGISTRATION NUMBER:	**CLUB CONTACT'S NAME:**		**CONTACT'S POSITION:**
CONTACT'S PHONE NUMBER(S):	**CONTACT'S MAILING ADDRESS (**IF DIFFERENT FROM ABOVE):		
CONTACT'S EMAIL ADDRESS:	**CLUB WEBSITE ADDRESS:**		**MEETING LOCATION:**

By making this application to the Confederation of Autosport Car Clubs (CACC), the undersigned hereby agrees on behalf of the applicant club to be bound by the international sporting code of the Federation Internationale de l'Automobile, the applicable regulations of ASN Canada FIA Inc. and the Confederation of Autosport Car Clubs. ONLY Societies registered in BC with the Societies Branch are eligible for Affiliation with CACC.

The undersigned hereby agrees to permit CACC to retain all personal information provided with this application for a period of not less than seven years in accordance with the provisions of the ***Canada Personal Information Protection and Electronic Documents Act*** for the purposes of administration of CACC Licensing and Membership.

_____ _____

Applicant's Legal Signature **Date**

Please provide a summary of your club's activities and interests. (Attach separate sheet if necessary).
This information is required so CACC can insure your club's activities fall within our mandate. Failure to provide a current summary will delay approval of your application

FOR ADMINISTRATION USE ONLY	
Date Application Received:	Amount Received:
❒ Cheque (No.) ❒ Cash	Reason for Delay in Issuing:
Date of contact regarding delay:	Resolution to Reason for Delay: