



ROUSH

OWNERS AND ENTHUSIASTS
ASSOCIATION™

Membership Application

Name: _____ *** Birthday: _____

Address: _____ ***

City: _____ *** State: _____ *** Zip Code: _____ ***

Home Phone: _____ *** Work Phone: _____

Email: _____ ***

Spouse's Name _____ Spouse Birthday _____

Family Members: _____

Do you own a Roush Performance Vehicle or Crate Engine? Yes No

No Vehicle/Crate Engine Information

Model: _____ Year: _____ Stage: _____

Color: _____ Roush Serial Number: _____

VIN Number: _____

Membership Information

All dues are non-refundable

- 12-Month Membership (\$35)
- 5 years for the price of 4 (\$140)
(For new or renewal members)
- 1 year renewal (\$35)

Please mail the completed form with
check (**made payable to ROEA**) to:

ROEA Treasurer
9430 W. Lake Mead Blvd Suite 9
Las Vegas, NV. 89134

How did you hear about the ROEA? _____

Check here if you would be interested in volunteering your time to this Association.

What are you interested in (check all that apply)? Racing Car Shows
Other: _____

***By signing below you agree that information marked with *** may be given to the Board of Directors of the ROEA for the sole purpose of getting in touch with you with information reference ROEA only.

Signatures

Name: _____ Date: _____