



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

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:
Marc Nutter
PO Box 513
West Warren, MA 01092

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: _____