



Roush Owners' & Enthusiasts' Association

Membership Application

Personal Information

Name: _____		Birthday: _____	
Address: _____			
City: _____	State: _____	Zip: _____	
Home Phone: _____		Work Phone: _____	
E-mail Address: _____			
Spouse Name: _____		Spouse Birthday: _____	
Family Members: _____			

Do you own a Roush Performance Vehicle? Yes No

Vehicle Information

Model: _____	Year: _____	Stage: _____
Color: _____	Roush Serial Number: _____	
VIN Number: _____		

Membership Information

_____	12-Month Membership (\$25)
_____	Charter Membership (limited to first 50) (\$250)

_____ 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: _____

Signatures

Name: _____ **Date:** _____

Please mail the completed form with check (made payable to ROEA) to:
ROEA, P.O. Box 124, Wetumpka, AL 36092