

membership application

Please print this page. Complete and return it with a check payable to SoFASST, Inc. to the address below.



*SoFASST
Application
Form*



Personal Information

Date:

Optional information on reverse side
Spouses name, Birthday & Anniversary

Name:

Email Address:

Home Address:

City/State/Zip:

Home Phone:

Work Phone:

Cell:

Fax:

Vehicle Information

Year:

Impala SS or Caprice 9C1

Color:

Modifications:

There is a \$20.00 annual membership fee. Please make checks payable to SoFASST, Inc.

SoFASST Inc.
PO Box 741152
Boynton Beach, FL 33474-1152