



Sacramento Area Miata Owners Association



SAMOA Membership Registration Form

First Name _____ Last Name _____

Birthdate _____

Member #2 _____ Last Name _____

Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ #2 Cell Phone _____

Email _____ #2 Email _____

Miatas You Own

Year _____ Color _____ License _____ Model _____

Year _____ Color _____ License _____ Model _____

Year _____ Color _____ License _____ Model _____

Insurance Carrier _____

Type of Membership

Paid One Year \$24 _____ Free First Year Membership _____

Emergency Contact _____ Phone _____

Relationship _____