

ASA LATE MODEL SERIES
FOR ASA LATE MODEL USE ONLY

Member No.: _____
Car # _____

2007 MEDICAL INFORMATION FORM

7360 Elm, Lexington
Phone (800) 385-2503, Fax (810) 359-5985

Full Legal Name:

First

Last

Social Security No. _____ - _____ - _____ **Home Phone** (____)

Street Address:

City/State/Zip Code:

Date of Birth: _____ **Spouse:** _____ **Male** () **Female** ()

Please Check Only One Of The Following Classes Of Membership For Which You Are Applying:

Owner **Crew Member**

Driver

Blood Type/ RH Factor _____ **Do You Wear Contacts/ Dentures/etc.?**

Are You Currently Under A Physician's Care? **Yes** **No**

If Yes, List Reasons

List Any Prescription Medications You Are Currently Taking

List Any Allergies (To Medications, etc.)

Family Physician (Name) _____ **Phone** (____)

In Case of Emergency Contact (Name) _____ **Phone** (____)

Insurance Company _____ **Policy No.**

This medical information will help facilitate your care should you become ill or injured while away from home. This information is held in confidence and will be shared with health care professionals only in emergencies.

I certify that the information supplied by me on this Form is true and correct.

Signature: _____ **Date Signed:**

Please Fill out completely and return this form to: ASA Late Model Series - 7360 Elm, Lexington, MI 48450