

MEMBERSHIP APPLICATION

LEHIGH VALLEY QUARTER MIDGET RACING CLUB

Amount \$ _____ Racing Year _____ Date _____

Name _____

Address _____ Phone () _____

City _____ State _____ Zip _____

I hereby make application for Active _____ / Associate _____ / Driver _____ membership in the Lehigh Valley Quarter Midget Racing Club. In signing this membership form, I agree to abide by all the rules and regulations set down by the Club.

I /do _____ /do not _____ own a car.

Driver's Name _____

Driver's Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Date of Birth _____ Car Number _____

Date of Birth _____ Car Number _____

Drivers must have reached their 5th birthday before being able to participate, and have not passed their 16th birthday by the 1st of January of this racing year.

I understand that membership applied for this is for the current racing year. All memberships will expire on October 31. Further, I understand that meetings are held the 1st Thursday of every month.

Fee: Active \$40.00 -Voting privilege Signed _____

Associate \$20.00 - No Vote

Driver \$10.00 - Total

Sponsor _____

This application is subject to the approval of the Executive Board. Fee will be refunded if application is disapproved.