



# 2009 141 Speedway Associate Membership

Associate Membership

### Personal Information:

Name\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address\* \_\_\_\_\_

City, State, Zip Code\*: \_\_\_\_\_

Phone\*:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please list the driver(s), car number(s) and class(es) / division(s) you are associated with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information:

Name\*: \_\_\_\_\_

Phone\*:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\* – Required Information

Office Use Only	
Date Paid: ____ / ____ / ____	
Minor Release Form Required: YES / NO	On File: YES / NO
License Agreement on File: YES / NO	
Season Pass Purchased: YES / NO	
Entered into Database: YES / NO	
Signature: _____	