



# Buckeye Quarter Midget Racing Association Application for Membership

Date: \_\_\_\_\_

## Type of Membership:

**\*\* All memberships require sanctioning body membership to be completed.**

New Membership

Renewal of Membership

**Fees:** Family Membership (Handler, Spouse & 1 Driver) \$ \_\_\_\_\_  
Additional Drivers \$ \_\_\_\_\_ (each)

## Family Information

Handler's Name (Legal Guardian): \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

## Driver(s)/Child(ren) Information

Full Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Driver: \_\_\_ Yes \_\_\_ No

Novice: \_\_\_ Yes \_\_\_ No

Full Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Driver: \_\_\_ Yes \_\_\_ No

Novice: \_\_\_ Yes \_\_\_ No

Full Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_

Driver: \_\_\_ Yes \_\_\_ No

Novice: \_\_\_ Yes \_\_\_ No

Is address for the child/children same as above: Y / N (If not, fill in information below.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_

Handler's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

\*\*\*\*\*

Membership Dues: \$ \_\_\_\_\_

Payment Type \_\_\_\_\_

Club Officer's Signature \_\_\_\_\_

Date \_\_\_\_\_