



Membership # _____

Membership Application

Date

Selects Membership:

- Formula 1 Membership \$59
- AMP Pro Membership \$99

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Age	DOB	Shirt Size/Init

Associate Member Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	DOB	Size/Init	Relationship

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	DOB	Size/Init	Relationship

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Home Phone	Work Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact First Name	Last Name	Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership Begin Date	Membership End Date	Renewal Date

Dues are for one calendar year. By voluntarily affixing my signature below, I warrant that I have read and understand all the published information termed Release Agreement and Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. I accept the membership as good, valid and adequate consideration; the statements in my application are true and the releases will rely on them and upon all my commitments in entering into a membership contract with me. This form is valid for one calendar year and must be renewed annually.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant/Member Signature	Print Name	Date

Adams Motorsports Park

 Office Use Only: Date Rec'd _____ Amount Rec'd _____ Rec'd By _____