



## Membership Application Form

Date \_\_\_\_\_ \*Enter & check organization only if you are joining as one.

Organization (\*see note) \_\_\_\_\_ (Race Sponsor, Club Affiliate, Business Affiliate)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country (Non US) \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Membership: New member  Renewal

<u>Member Type</u>		<b>Price</b>
Governing, 18 & Over	<input type="checkbox"/>	\$20.00
Family	<input type="checkbox"/>	\$25.00
Junior, 5-17	<input type="checkbox"/>	\$ 7.50
Race Sponsor	<input type="checkbox"/>	\$ 30.00
Club Affiliate	<input type="checkbox"/>	\$ 30.00
Business Affiliate	<input type="checkbox"/>	\$ 30.00
Foreign (US funds only.)	<input type="checkbox"/>	Canada/Mexico: Add \$5.00; All others add\$10.00

For family membership - other than above member, please complete the following:

NAME	BIRTH DATE

**Total Amount Enclosed:** \$

**Recruited by**

**Print and send membership form to:**

**Paula Thiel  
 487 Wylie School Rd  
 Voluntown, CT 06384**