

VIRGINIA MINI CUP RACING ASSOCIATION, INC.
811 Maple Street, Staunton, Va. 24401 (540)992-2195

APPLICATION FOR MEMBERSHIP

Car Number Request:	1st Choice:	2nd Choice:	3rd Choice:
Engine Seal Number:	_____	_____	_____
Full Name:	_____		
Complete Address:	_____		
City / State / Zip	_____		
Date of Birth:	AGE:	SSN:	
Phone:	Home:	Work Phone:	Mobile:

Emergency Contact / Phone:	_____		
Medical Insurance Provider:	_____		
Policy Holders Name:	_____		
Policy Number:	Group Number:		
Primary Care Physician:	_____		
Pre Existing Medical Problems or Drug Allergies:	_____		
Medications:	_____		

I have been issued a rule book. I have read the rule book prior to signing this application and not only fully understand each item but, also agree to all of its terms and/or conditions. I understand that any money paid to the VMCRA, Inc. is non-refundable. I further understand that by joining the VMCRA, Inc., I am subject and bound to possible rule changes throughout the season. I hereby give the VMCRA, Inc. permission to use any photo or likeness of me, my team, family, car or race equipment for publication on web pages, newsletters, advertisements, etc.

I understand the dangers of this sport and hereby consent to both treatment and transport to the nearest and most appropriate medical facility should I become injured at a VMCRA, Inc. event. Furthermore, I release the VMCRA, Inc., its sponsors and tracks from any liability for damages, expense or injury to myself, my team or any persons accompanying me to all VMCRA, Inc. events.

APPLICANTS SIGNATURE:

DATE:

Membership Fees Paid: \$

Driver / Crew - Car No. Issued:

Rule Book Issued: Yes / No

Date Sticker Package Issued:

Membership Accepted By (VMCRA, INC Official):

Date:



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Application #

RECEIPT

Received From:	Date:
Amount Owed:	Amount Received:
For 2011 VM CRA, INC. Membership: Driver / Crew	
Received By:	Date:

