

**VIRGINIA MINI CUP RACING ASSOCIATION, INC.  
33 LOIS LANE, ROANOKE, VA. 24019 (540)992-2195**

**APPLICATION FOR MEMBERSHIP**

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

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

**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.**

<b>APPLICANTS SIGNATURE:</b>	<b>DATE:</b>
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<b>Membership Fees Paid: \$</b>	<b>Driver / Crew - Car No. Issued:</b>
<b>Rule Book Issued: Yes / No</b>	<b>Date Sticker Package Issued:</b>
<b>Membership Accepted By (VMCRA, INC Official):</b>	<b>Date:</b>

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Application #

**RECEIPT**

<b>Recieved From:</b>	<b>Date:</b>
<b>Amount Owed:</b>	<b>Amount Recieved:</b>
<b>For 2007 VMCRA, INC. Membership: Driver / Crew</b>	
<b>Recieved By:</b>	<b>Date:</b>