

SRA WEST-INC MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____

Zip Code: _____ Phone: _____

SS# for Racers: _____ Date of Birth: _____

Please check type of membership desired:

Associate (non racer)	\$25.00	Single Event racing license	\$50.00 per team	SRA Racers	\$100 per year
-----------------------	---------	-----------------------------	------------------	------------	----------------

Note: To be a voting member of the SRA West, yearly dues must be paid in full on or before the first race of the scheduled season.

Emergency Contact: _____

Phone: _____

For racing membership, please complete the following:

I am a Driver: _____ I am a Passenger: _____ Chassis Make: _____

Engine Year/Make: _____ Displacement: _____

Sidecar Racing Number: _____ OR: _____



I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS SET BY THE SIDECAR RACERS ASSOCIATION.

Your Signature: _____ Date: _____

Please make all Checks/Money Orders payable to:

Sidecar Racers Association West Inc.



Sidecar Racers Association West Inc.