MEMBERSHIP APPLICATION

Name: _____
Last First Middle

Date of Birth:_____ Male_____ Female_____

Home Address:

_____
Street

_____
City State Zip

Billing Address (if different):

_____
Street

_____
City State Zip

Home Phone:_____ Cell Phone:_____

Primary Email:_____

Occupation:_____

Driving or Racing
Experience/Certifications:_____

Driver License #_____ State:_____

Make and Model of Vehicle(s) you may be
driving:_____

Car Club Affiliation(s) (if any):_____

Membership Type: [ ] Founding Membership
[ ] Executive Membership
[ ] Annual Membership

I understand this application does not create any right to or infer membership at all in any particular category. Membership is granted solely through a fully executed Membership Agreement between the undersigned and Inde Motorsports Ranch. IMR reserves all rights to deny any application for membership in its sole and absolute discretion within the bounds of the law applicable to private clubs. All memberships considered or granted are subject to compliance with Inde Motorsports Ranch's General Rules and Regulations as amended from time to time.

Signature:	**Date:**
Name Printed:	

Please mail to: 9301 W. Airport Rd, Willcox, AZ 85643 or fax to (520) 384-0797 or email to cdorland@indemotorsports.com