



## MEMBERSHIP APPLICATION

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

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_ Billing Address (if different): \_\_\_\_\_  
Street Street  
City State Zip 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  
 Basic Membership  
 Corporate

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.

<b>Signature:</b> _____	<b>Date:</b> _____
<b>Name Printed:</b> _____	

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