



MEMBERSHIP

COMPLETE (Print legibly) and mail with dues to:
DIANA FORSYTHE W7780 ISLAND RD. DELAVAN, WI 53115

One form per person / per vehicle / per class.

PULLING CLASS:

____ PACE ____ HF ____ PF ____ LLP ____ SF ____ MIXED
____ ASB ____ OS ____ SS ____ DIESEL 2.5/2.6

Vehicle Info (Year/Make/Model) _____

Vehicle Name _____

Sponsors _____

MEMBERSHIP DUES:

PULLER _____ \$175.00
ASSOCIATE MEMBER _____ \$50.00
ALTERNATE DRIVER _____ \$50.00 ALT. FOR WHO _____
ALT. FOR CLASS _____

PAID: _____ AMOUNT _____ CASH _____ CHECK#

RECEIVED BY: _____ DATE: _____

MEMBER INFORMATION:

Name _____

Soc. Sec.# _____

Spouse _____ Family _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone _____ Email _____