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:

_____HF _____PF _____LLP _____SF _____RWYB

_____ASB _____OS _____SS _____DIESEL 2.6

Vehicle Info (Year/Make/Model) _____

Vehicle Name _____

Sponsors _____

MEMBERSHIP DUES:

PULLER _____$200.00 **Before March 1st** _____$250.00 **After March 1st**
ASSOCIATE MEMBER _____ $75 00
ALTERNATE DRIVER _____$75.00 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 _____