

Regular Membership with Driver: \$200
 (Pro-Rated Rates: \$150 September 1st;
 \$100 November 1st; \$25 for CFN only)

Alternate Handler without Driver: \$25



Year: _____

Date: ____ / ____ / ____

MEMBERSHIP APPLICATION

Handler Name:	Handler DOB:		
Spouse Name:	Spouse DOB:		
Address:	Home #:		
City:	Cell #:		
State/Zip:	Email:		
Driver 1 Name:	DOB:	Age:	Rookie? Y N
Driver 2 Name:	DOB:	Age:	Rookie? Y N
Driver 3 Name:	DOB:	Age:	Rookie? Y N

*** ANY RETURNED CHECKS WILL RESULT IN A \$25 FEE PLUS BANK FEES PAYABLE WITHIN 30 DAYS - OR NCQMA MEMBERSHIP WILL BE REVOKED.

By signing below, I am stating that I have reviewed and understand all rules, regulations, and policies of NCQMA. I understand that I will be held accountable for any and all violations. I am also accepting all responsibilities associated with being a member of NCQMA, including the Zero Tolerance Policy and the Opening/Closing & Work Detail Policy. I understand and agree to the penalties that will result if I do not comply. I also understand that neither NCQMA nor any of its Board members are responsible for personal property left on NCQMA grounds.

SIGNATURES OF ALL APPLICANTS

SIGNATURES OF ALL APPLICANTS		NOTES	
Handler <i>print</i>	Date	Payment Type:	
Handler <i>sign</i>	/ /		
Spouse <i>print</i>	Date	Amount:	
Spouse <i>sign</i>	/ /		
Driver 1 <i>print</i>	Date	Received by:	
Driver 1 <i>sign</i>	/ /		
Driver 2 <i>print</i>	Date	NOTES:	
Driver 2 <i>sign</i>	/ /		
Driver 3 <i>print</i>	Date		
Driver 3 <i>sign</i>	/ /		