

Family Membership with Driver(s): \$200
 (August 1st or later \$100)
 **Each Alternate Handler is \$25 additional



Year: **2021**

Date: ___/___/___

MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY.

Primary Handler Name	DOB	Phone #	Mobile? Y	N
Primary Address		City	State	Zip
Secondary Handler Name	DOB	Phone #	Mobile? Y	N
Secondary Address (if different from above)		City	State	Zip
Primary Email	Secondary 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
Alternate Handler Name**	Alt. Handler Address			
Alt. Handler Phone #	Mobile? Y	N	Alt. Handler City/St/Zip	

*** 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 and should I receive any penalties as a result of a violation, the NCQMA Board and Race Day Officials cannot be held responsible or liable. 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

Primary Handler <i>print</i>	Primary Handler <i>sign</i>	Date
Secondary Handler <i>print</i>	Secondary Handler <i>sign</i>	Date
Alt. Handler <i>print</i>	Alt. Handler <i>sign</i>	Date
Driver 1 <i>print</i>	Driver 1 <i>sign</i>	Date
Driver 2 <i>print</i>	Driver 2 <i>sign</i>	Date
Driver 3 <i>print</i>	Driver 3 <i>sign</i>	Date

Fields below are for internal use only.

Payment Type	Amount	Received By	Date
Notes			