RMMRA MEMBERSHIP APPLICATION

Karen Clark, Treasurer 4775 S Moore St Littleton CO 80127

PERSONAL INFORMATION:

Name			
Mailing Address			
City, State, Zip			
Phone #Ce	11	_Work	
e-mail address			
OWNER OR DRIVER SOCIAL SEC #	OR TAX ID # (person rec	ceiving payout)	
Name:			
Note: All information is confidential an application.	d not disclosed to anyone.	A W-9 must acc	ompany this
TYPE OF MEMBERSHIP: Associate Member (club supporter)		Before April 15 \$25.00	After April 15 \$25.00
Participating Member (voting)		\$40.00	\$40.00
Owner/Driver Owner		\$200.00 \$100.00	\$22500 \$125.00
Driver		\$100.00	\$125.00
Additional Car Number		\$50.00	\$50.00
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Supplemental medical insurance for non	-driver	\$95.00	\$95.00
Guest Fee – one night due at pill draw. member ship is desired at a later date. Na guest passes allowed.			\$50.00
TOTAL DUE (TOTAL OF CIRCLED A)	MOUNTS	S	\$
Requested Car Number	Alternate Reque	est	
I have read all of the above and agree to a	bide by rules of RMMRA a	s found in curren	t rulebook:
Signature	Dat	e	