

WOLVERINE PULLERS, INC. MEMBERSHIP FORM

Name: _____ Social Security# _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Phone: _____ E-mail _____

****Checks to be made out to, if not the same as above name and S.S. # or I.D. #**

Name: _____ S.S. # or I.D. # _____

Vehicle Name: _____

*NTPA Number: _____ Class _____

Additional Vehicle Name: _____

*NTPA Number: _____ Class _____

***Must be a NTPA member**

Associate Dues (non-competing members) \$35 _____

Competing Dues: Driver: \$70 _____
(\$95 after April 1)

Additional Driver \$70 _____

Name: _____

Address: _____

Phone: _____

Vehicle registration: \$60 _____

Additional Vehicle registration: \$60 _____
(SF competing in SS Combo class \$60 per class, to receive points)

Contingency: to be included in the points race \$100 _____
****SF competing in SS Combo class, \$100 per class, to receive points in both classes**

NO points _____

Date paid _____ Check _____/Cash _____ Total Amount _____

Mail to: Karen Allen -Wolverine Pullers, Inc.

1482 S 1050 W
LaGrange, IN 46761
260-475-5340