



MEMBERSHIP APPLICATIONS – 2017 RACING SEASON  
Central Indiana Quarter Midget Association – Mini Indy

Membership application forms to be returned to:

Amy Coons  
120 Woodland Hts  
Greencastle, Indiana 46135  
amyjcoons@gmail.com

We prefer for you to sign up with USAC online at: <http://www.usacracing.org>

Following are the requirements to become a member of: Central Indiana Quarter Midget Association (C.I.Q.M.A.) and USAC.

- Fill out both forms; 1 for C.I.Q.M.A. and 1 for USAC (online)
- C.I.Q.M.A. membership form, please list all other family members
- If you have an alternate handler, fill out a separate C.I.Q.M.A. membership form with the alternate handler's information.
- You must provide a copy of the birth certificate for all new drivers not previously licensed with USAC. This can be done with a hard copy or sent electronically.
- Make sure you sign all membership forms in the appropriate places.
- Include a check made payable to C.I.Q.M.A.

Regular Membership -

Club \$75.00 + Midwest Thunder Series \$10.00 = \$85.00

USAC \$100.00 plus \$10.00 for each member for PA Insurance (preferably paid online)

Associate Membership –

Club \$100.00 + USAC \$0.0 = \$100.00

First Alternate Handler Membership – Club \$25.00 +  
USAC \$0.0 = \$25.00

Additional Alternate Handler Membership – Club \$25.00  
USAC \$25.00 (preferably paid online)

(Note: Alternate Handler(s) Membership application is included with Handler membership application for USAC. A separate membership application must be submitted for C.I.Q.M.A.)

Note:

C.I.Q.M.A. Bylaws state that the Board of Directors have the authority to review and approve/disapprove all membership applications.



## 2017 C.I.Q.M.A. Membership Form

**Membership Type:** **Primary/Family**\_\_\_\_\_ **Alternate Handler**\_\_\_\_\_ **Associate**\_\_\_\_\_  
(Please select one) (Someone helping the family) (Already have a home track)

**Applicant's Name(s)**\_\_\_\_\_  
(Please include both Parent's names or Alternate Handler's Name – Separate Application is needed for each Alternate Handler)

**Home Address**\_\_\_\_\_

**City, State, Zip**\_\_\_\_\_ **E-Mail**\_\_\_\_\_  
**E-Mail**\_\_\_\_\_

**Home Telephone ( )**\_\_\_\_\_ **Cell ( )**\_\_\_\_\_  
**Cell ( )**\_\_\_\_\_

Driver's Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate areas you would be interested in helping the club perform:

Scoring\_\_\_\_ Marketing\_\_\_\_ Awards\_\_\_\_ Safety\_\_\_\_ Flagging\_\_\_\_ Pit Steward\_\_\_\_ Sign-In's\_\_\_\_ Tech\_\_\_\_  
Announcing\_\_\_\_ Fund Raising\_\_\_\_ Rookie Training\_\_\_\_ Concessions\_\_\_\_ Year End Banquet\_\_\_\_  
Maintenance\_\_\_\_

**X**\_\_\_\_\_  
Membership Signature Date Board Member Signature Date

*Below is filled out by CIQMA Secretary or other elected CIQMA member:*

\*USAC Dues \$\_\_\_\_\_ Date Completed Online\_\_\_\_\_ *\*It is preferred that you sign up with USAC online.*

CIQMA Dues \$\_\_\_\_\_ (Cash \$\_\_\_\_\_ or Check #\_\_\_\_\_) Date Paid\_\_\_\_\_

☐ Birth Certificate ☐ Talent Release ☐ Liability Waiver