



## 2019 MEMBERSHIP APPLICATION Central Indiana Quarter Midget Association – Mini Indy

Return forms by mail to:

Laura Stanfill  
7878 David Court  
Brownsburg, IN 46112

Or E-Mail: Stanfillsigns@gmail.com

### **\*\* Central Indiana Quarter Midget Association (C.I.Q.M.A.) & USAC Membership Requirements \*\***

- Complete Attached C.I.Q.M.A. Form.
- USAC Competition License (Online at [www.usac25.com](http://www.usac25.com))
- C.I.Q.M.A. membership form, please list all other family members.
- If you have an alternate handler, complete a separate C.I.Q.M.A. membership form with the alternate handler's information.
- Birth certificate (Required for all new drivers not previously licensed with USAC. This can be done with a paper copy or sent electronically).
- Be sure all forms are completed prior to submitting.
- **Include a check made payable to C.I.Q.M.A.**

### **Regular Membership – Primary/Family Member of CIQMA**

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

USAC \$100.00 plus \$10.00 for each member for PA Insurance (only available to be paid online)

### **Associate Membership –** *(Already have a home club and want to receive a key to practice or run for points at C.I.Q.M.A.)*

Club \$100.00 = **\$100.00 Club**

***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.***

### **Alternate Handler Membership** *(Helping a family)*

Club \$25.00 + May have USAC fee of \$25.00 if it is more than one alternate handler plus normal \$10.00 fee for each handler for PA Insurance (only available to be paid online) = **\$25.00 Club**

### **Note:**

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



# 2019 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 and Alternate Handler's Name – Separate Application is needed for each Alternate Handler)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ 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/Treasurer 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