MEMBERSHIP FORM

South Dakota Mud Racers Inc.

Membership Year: _____ *Please print clearly*

MEMBER INFORMATION

Full Name: _____ **Race / Member #:** _____

Phone Number: _____ **Email Address:** _____

Mailing Address: _____ **City:** _____

State: _____ **ZIP Code:** _____

MEMBERSHIP TYPE

☐ Adult Membership - $100 per class ☐ Youth Membership - $50 per class

IMPORTANT: Memberships are per class. A separate membership fee is required for each race class selected.

RACE CLASS(ES)

☐ ATV / UTV ☐ R.O.B. ☐ Street Class ☐ Sportsman

☐ Super Stock ☐ Pro Stock ☐ Pro Modified

Select all classes you are joining. Membership fee applies to each selected class.

AGREEMENT & SIGNATURE

By signing below, I confirm that the information on this membership form is accurate and understand that membership fees are due with the completed form.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature (Youth): _____ **Date:** _____

OFFICE USE ONLY

Amount Paid: $ _____ **Payment Method:** ☐ Cash ☐ Check ☐ Other **Membership #:** _____

Received By: _____ **Date Received:** _____ **Notes:** _____