



## MAC-O-CHEE ASSOCIATE MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Club: \_\_\_\_\_

### Driver Information

1. \_\_\_\_\_ DOB: \_\_\_\_\_ Card # \_\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_\_ Card# \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_ Card# \_\_\_\_\_

**I hereby tender my application for Associate Membership in the Mac-O-Chee Quarter Midget Racing Association. If accepted I will obey the rules and promote its interests and further its principles.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Association Membership Fee: \$ 30.00 (Make checks payable to Mac-O-Chee)

Mail application to: Tina McPherson 4128 CR 31 South, Bellefontaine, OH 43311

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For club use:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Payment: \_\_\_\_\_