

2024 Membership

National 3/4 Midget Racing Association
Competition Insurance

PLEASE TYPE OR PRINT

Date _____ Date of Birth, Mo. ___ Day ___ Yr. _____ Soc Sec/Fed ID No. _____

Name in full _____
Last First Middle

Mailing Address _____
Number and Street City and State Zip Code

Phone _____ Business Phone _____ Mobile/Pager _____
Area Code and Number Area Code and Number Area Code and Number

Insurance Beneficiary _____ Phone _____
Last First Middle Area Code and Number

Mailing Address of Beneficiary _____
Number and Street City and State Zip Code

Name of Spouse _____ Email Address _____

Children's Names and Ages _____

Preferred hometown to be listed for publicity purposes _____
City State

Members of the News Media may call at: _____ Fax No. _____
Area Code and Number Area Code and Number

CAR ENTRANT ONLY PRIZE MONEY AUTHORIZATION FORM

TQ Midget Car Number Previous Year _____ Choice for Current Year (1) _____ (2) _____ Number Assigned _____

Engine make _____ **Please make all checks for the prize money for this car payable to:**

(A) _____ Soc. Sec. No. _____

OR

(B) Corporate _____ Fed. Tax. No. _____

and mail to this address _____

THIS SECTION MUST BE COMPLETE BY CAR OWNER

OFFICE USE ONLY

Paid _____

Date _____

Member Pkt _____

Check Appropriate Box:

TQ Midget Owner/Driver () \$185.00

TQ Midget Driver () \$135.00

TQ Midget Car Entrant (Owner) () \$135.00

2nd Car Entrant (Owner) () \$100.00

TQ Midget Member () \$75.00

Approved by NMRA Director _____ Date _____