



Membership Form

	<u>DRIVER NAME</u>	<u>DATE OF BIRTH</u>	<u>CAR#</u>	<u>Fee</u>
1)	_____	_____	_____	(\$ 50)
2)	_____	_____	_____	(\$ 50)
3)	_____	_____	_____	(\$ 50)

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Name: _____ Cell: _____

Address: _____ Home Phone: _____

Driver(s) Cell: _____

Emergency Contact Name/Phone: _____

All EMAIL addresses listed below will receive Nitro Ratz Updates & Correspondence

Driver(s) & Parent(s) Email:

\$ 50.00 Per Driver Fee

(\$ 35.00 for affiliate members – discounts applied to immediate family only)

Make Check Payable to:

NITRORATZ JR. DRAG RACING CLUB

Paid by: CASH

E-Transfer

Check # _____

E Transfers can be sent to: etransfer@nitroratz.ca

Nitro Ratz Association Sports Receipt Copy

Date: ____/____/20____

Name of Paid Driver(s): _____

Paid by: CASH E-Transfer Check #: _____ Total Amount \$ _____