



MEMBERSHIP APPLICATION

NAME : _____

ADDRESS: _____ / _____ / _____ / _____
Street City State ZIP

TELEPHONE: _____
Home Cell

Email ADDRESS: _____

Type Membership applying for : (please mark box next to member classification that fits your eligibility)

COMPETITOR MEMBER: [any Driver, Car Owner, Builder/Mechanic, Race Track or Racing Series Promoter who were Alabama Residents at the time they actively participated in organized Motor Racing events]

ASSOCIATE MEMBER: [Any advocate of Motor Racing Interested in Securing the future of the sport and Preserving it's History]

Dues are \$25.00 annually and are on a Calendar year basis(Jan 1 thru Dec 31)

Those applying for a Competitor membership are requested to list your Career highlights below:

Birth date: _____ Date started racing: _____

If more space is required Please attach a separate sheet with your information on it.....Please feel free to provide copies of newspaper clippings, photos, etc that you would like to be included in our archives.

Please forward Completed Application and dues payment to:

Alabama Auto Racing Pioneers
c/o Jody Franklin
3052 Floyd Bradford Rd
Trussville, AL 35173