

2022 APPLICATION FOR MEMBERSHIP
HUNTSVILLE QUARTER MIDGET ASSOCIATION
P.O. Box 1965 Huntsville, AL 35807

GENERAL INFORMATION

(Must Select One)

New Renewal

Date of Application _____

(Must Select One)

Regular Associate Alternate Handler

Name _____

Cell Phone _____

Spouse's Name _____

Cell Phone _____

Address _____

Email _____

City _____ State _____ Zip Code _____

Home/Work Phone _____ Email # 2 _____

DRIVER/NON-DRIVER INFORMATION

Please list all immediate family members you wish to have covered by insurance. All listed adult members must be residents in your household. Anyone age 21 or over must have a separate membership.

| NAME | DOB | AGE | CLASS(es) | DRIVER (D) NON-DRIVER (D) |
|-------|-------|-------|-----------|---------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

CLASSES: Red Rookie, Blue Rookie, Jr. Honda, Sr. Honda, Hvy Honda, Jr. Animal, Sr. Animal, Unr. Animal, Jr. Honda 160, Light 160, Hvy 160, Light Formula Mod, Light World Mod, Hvy World

Membership & Insurance Requirements

PICK ONE OF THE THREE HQMA MEMBERSHIPS:

HQMA MEMBERSHIP (\$150.00) \$ _____

HQMA ASSOCIATE MEMBERSHIP* (\$100.00) \$ _____ (Home club: _____)

(*Must be full member of another local club/ can join points races/no voting club privileges)

HQMA ALTERNATE HANDLER** (\$25.00) \$ _____

(**Not included in the Regular/Family membership/ includes individual insurance / no voting privileges)

TOTAL DUE (includes HQMA Dues)..._____ Make checks payable to HQMA/Address all correspondence to:
HQMA, P.O. BOX 1965, Huntsville, AL 35807 OR pay via **PayPayl** at: HQMARACING@gmail.com . **Email completed applications to hqmaracing@gmail.com**

CERTIFICATION I, the undersigned, certify that I have read the USAC and HQMA Standing Rules, Bylaws, and Constitution and agree to comply with all specifications and rules. Further, by joining HQMA and applying for insurance coverage with WSIB Insurance Services, I hereby absolve HQMA of any responsibility or liability during training or racing events.

PRINT NAME _____

SIGNATURE _____ **DATE** _____