

2023 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](mailto:HQMARACING@gmail.com) . **Email completed applications to [hqmaracing@gmail.com](mailto: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** \_\_\_\_\_