



## Membership Form

### Driver

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Membership  
Fee Enclosed: \_\_\_\_\_ Year: \_\_\_\_\_

Please include an additional membership form for each individual driver.

Please mail form with check to:

Eric Stanley

1313 S Downs School Road

Elmwood, IL 61529