

Rough Riders LMR  
Membership Application  
Membership fee : \$20.00

2011

**Name :**

**Phone#**

Address:

Zip Code:

**Male / Female**

**Email:**

**Emergency Contacts Name:**

**Phone #**

Address:

Relationship:

**Medical Conditions : Yes or No**

**If yes explain:**

**Mower Information:**

(If you race two classes you must have two mowers)

**Mower Make :**

**Class:**

**#**

**Motor Size:**

**Mower Make:**

**Class:**

**#**

**Motor Size:**

**Sponsors:**

**I agree as a club member to abide by the rules and code of conduct of the Rough Riders. I agree to help set up and clean up on race day. I agree to help work at the track at least one hour per month. I agree to attend regular club meetings.**

**Signature of Applicant:**

**Date:**

**Amt. Paid :**

**Signature of Exec. Staff Member:**

**Date:**

**\*Membership forms must be completed ,signed , paid for and approved by an Exec. Staff Member before racing \***