



MEMBERSHIP

COMPLETE (Print legibly) and mail with dues to:
 DIANA FORSYTHE W7780 ISLAND RD. DELAVAN, WI 53115

One form per person / per vehicle / per class.

PULLING CLASS:

___ HF ___ PF ___ LSF ___ SF ___ MIXED

___ MOD ___ SS ___ OS ___ DIESEL 2.5

Vehicle Info (Year/Make/Model) _____

Vehicle Name _____

Sponsors _____

MEMBERSHIP DUES:

PULLER ___ \$175.00 / \$150.00 if paid before 1/31 of pulling year
 ASSOCIATE MEMBER ___ \$50.00
 ALTERNATE DRIVER ___ \$50.00 ALT. FOR WHO _____
 ALT. FOR CLASS _____

PAID: ___ AMOUNT ___ CASH ___ CHECK#

RECEIVED BY: _____ DATE: _____

MEMBER INFORMATION:

Name _____

Soc. Sec.# _____

Spouse _____ Family _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone _____ Email _____

Rule Book / Passes: Given by: _____ Date _____