

Office Use
Control #

2013 STATE LINE SPEEDWAY MEMBERSHIP APPLICATION

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____

Email Address: _____

Social Security Number: _____ - _____ - _____

Car Number: # _____ Are you a: Driver or a: Pitperson?

Please select:

<input type="checkbox"/> Roadrunner	<input type="checkbox"/> Early Stock
<input type="checkbox"/> Fever 4	<input type="checkbox"/> Hobby Stock
<input type="checkbox"/> Bump to Pass	<input type="checkbox"/> Street Stock/Sportsman
<input type="checkbox"/> Bandolero	<input type="checkbox"/> Baby Grand
<input type="checkbox"/> Legend	<input type="checkbox"/> Late Model
<input type="checkbox"/> Demo Derby	<input type="checkbox"/> NW Modified
<input type="checkbox"/> Figure 8	<input type="checkbox"/> Drifting

MEMBERSHIP FEE: \$35.00 per class
Payable to:
State Line Speedway
PO Box 2368
Post Falls, ID 83877

I have read and understand the policies and rules printed below.

Signature: _____ **Date:** _____

This application must be accompanied by the required fee. By submitting this application and taking part in any activity relating to any event, I agree to abide by all rules and regulation of Stateline Speedway now or hereinafter promulgated and by the decisions of those officials relating to the event and agree that such decisions are final. I hereby apply for membership and authorize Stateline Speedway to represent my interests as they may appear in auto racing matters and consent to the use of my name, pictures of myself and my car for publicity, advertising, and endorsements both before and after events and consent to the publication or sale of such photos Stateline Speedway so desires.

This application also serves as my consent for release of medical information.