

# MKA MEMBERSHIP APPLICATION 2010

## APPLICANT INFORMATION

Name:		
Email Address:	Cell:	Phone:
Current address:		
City:	State:	ZIP Code:

## DRIVER INFORMATION

Name:		
Race Class:		
Date of Birth:	Years Racing:	Race Number:

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## SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
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### **Membership Fees:**

Individual - \$30.00

Family (includes children under the age of 18) - \$30.00

You must be a member or a minor of a member in order to earn points toward the year end championship trophies.

Please mail application and check to:

MKA  
DeDe Tabor  
19450 Gleason Road  
Hamel, MN 55340