

# Membership Application



# 2017

Jan 1<sup>st</sup>, 2017 – Dec 31<sup>st</sup>, 2017

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

I accept and agree to follow the MHARA bylaws, track rules and policies and class rules as published and amended from time to time. I further agree that I will do my best to participate in a sportsmanlike manner and help whenever possible at club events and functions.

APPLICANT'S LEGAL SIGNATURE (in ink) \_\_\_\_\_

PRINTED NAME: (in ink) \_\_\_\_\_

DATE: \_\_\_\_\_

*NOTE: MHARA WILL KEEP ALL INFORMATION STRICTLY CONFIDENTIAL.*

*ALL MEMEBERSHIP APPLICATIONS MUST BE SUBMITTED IN PERSON TO THE SECRATARTY, MAILED TO;*

*P.O. BOX 849 Med Hat, AB T1A 7G7, OR EMAILED TO MHARA@Xplornet.ca*

*ALL MONEY SHOULD BE MADE PAYABLE TO THE MHARA. Cost up to May 1<sup>st</sup> is \$60, after May 1<sup>st</sup> its \$80 person*



## PERSONAL INFORMATION CONSENT

# 2017

Jan 1<sup>st</sup>, 2017 – Dec 31<sup>st</sup>, 2017

By providing personal information to the Medicine Hat Auto Racing Association, the applicant consents to Medicine Hat Auto Racing Association's collection, retention and disclosure of that information for any and all purposes and uses as permitted or contemplated under the above described membership application and as needed to comply with any legal requirements.

APPLICANT'S LEGAL SIGNATURE (in ink) \_\_\_\_\_

PRINTED NAME: (in ink) \_\_\_\_\_

DATE: \_\_\_\_\_

**YOU MUST COMPLETE REVERSE SIDE OF THIS APPLICATION**

