

Membership Application



2018

Jan 1st, 2018 – Dec 31st, 2018

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 1st is \$60, after May 1st its \$80 person



PERSONAL INFORMATION CONSENT

2018

Jan 1st, 2018 – Dec 31st, 2018

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

