

NEW ENGLAND ICE RACING ASSOCIATION

MEMBERSHIP APPLICATION FORM

NON-DRIVER

Name: _____ Racing Season: _____

Mailing Address: _____ Home Address: _____

_____, _____, _____, _____, _____, _____, _____, _____, _____, _____
City State Zip City State Zip

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Email Address: _____

Signed in by Driver of Car No.: _____ DIVISION: _____

Print Drives Name: _____

Drivers Signature: _____

I fully understand the rules and regulations as set forth by NEIRA and I hereby agree to abide by them and any decisions rendered by the officers of this club. I further understand that I attend at my own risk and the NEIRA is not responsible for any personal injury or property damage that may occur as a result of my participation in these activities

Signature: _____ Date: _____

If you are between the ages of 16 and 18, you must have parent's or guardian's signature in order to race:

Signature: _____ Date: _____
(Parent or Guardian Signature)

Signature: _____ Date: _____
(Official NEIRA's Officer's Signature for drivers under 18 years of age)

MEMBERSHIP FEE: **NON-DRIVER: \$20.00**

*****Please make checks payable to: **New England Ice Racing Association** or **NEIRA*******

Membership Paid: _____ Date Paid: _____ Amount Paid: _____ Rec'd By: _____