



2008 MDRA ASSOCIATE Membership Application MEMBERSHIP # _____ (office use ONLY)

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____

ADDRESS _____ CITY / TOWN _____

STATE / PROV _____ ZIP CODE _____

PHONE (RES) () _____ (WORK) () _____ FAX () _____

E-MAIL _____ WEB SITE _____

MEMBERSHIP FEES: \$ US FUNDS (CHECK ONLY ONE)

ASSOCIATE MEMBERSHIP \$35.00

CHECKS (Money Order) PAYABLE TO:

Midwest Dirt Racing Association

NOPA 11750 Highway 32 NE

Thief River Falls, MN, 56701

As a member, I agree by signing this MDRA Membership Form that I will comply with all of the 2008 MDRA rules and procedures, and I am of legal age of at least 16 years old. If NOT at least 16, parental consent must accompany signature below.

MEMBER SIGNATURE _____ DATE _____

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