



Music City Quarter Midget Racing Association Application for Membership

() New () Renewal () Associate Date of Application: _____

Name (Parent/Handler): _____

Home Phone #: () _____ Mobile #: () _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Driver/Non-Driver Information

Please list all immediate family members you wish to have covered by insurance. All listed adult members must be a resident in your household. Anyone over 21 years of age (except parents) must have a separate family membership.

Name	D.O.B	Age	Class	D or ND
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

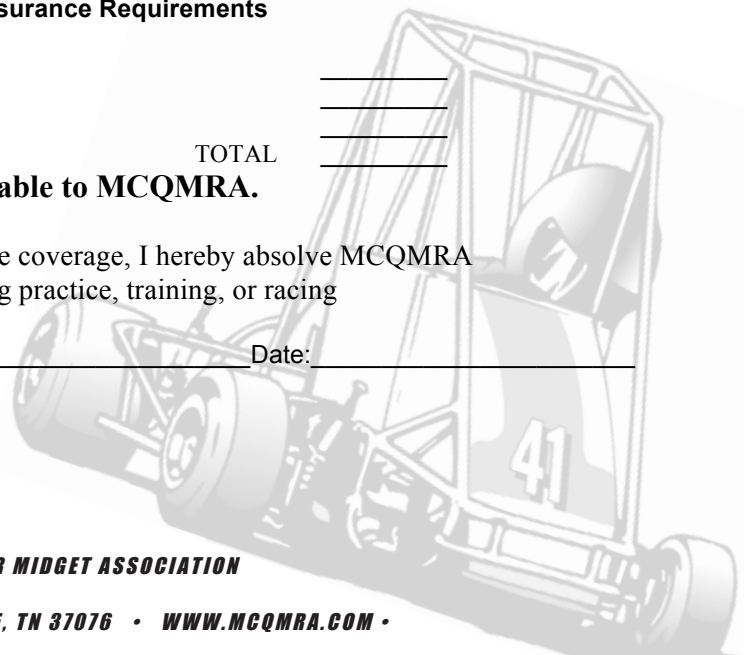
Membership and Insurance Requirements

MCQMRA Membership Fee	\$150.00	_____
Alternate Handler Fee	\$25.00	_____
Associate Membership Fee	\$100.00	_____
	TOTAL	_____

Make checks payable to MCQMRA.

By joining MCQMRA and applying for insurance coverage, I hereby absolve MCQMRA of any responsibility or liability during practice, training, or racing

Signature: _____ Date: _____



MUSIC CITY QUARTER MIDGET ASSOCIATION

3672 CENTRAL PIKE • HERMITAGE, TN 37076 • WWW.MCQMRA.COM •