

**Associate Membership License**

This membership entitles the licensee to a discounted membership, track pit pass discounts, and association access.

**This membership will not include NMRA Competition Insurance**

Date \_\_\_\_\_ Date of Birth, Mo. \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_ Email Address \_\_\_\_\_

Name in full \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Number and Street City and State Zip Code

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_  
Area Code and Number Area Code and Number Area Code and Number

Name of Spouse \_\_\_\_\_ Children's Names and Ages \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Paid _____
Date _____
Member Pkt _____

Associate Membership (NO PUSH START VEHICLE ACCESS; INSURANCE NOT INCLUDED)
Associate Member ( ) \$40.00

Approved by NMRA Director \_\_\_\_\_ Date \_\_\_\_\_