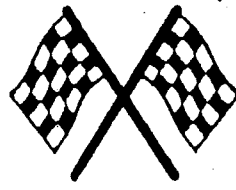


# Sweet Springs Motorsports Complex



Name \_\_\_\_\_  
(last) (first)

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Date of birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

Check type of membership desired...

- I would like to be a voting member only of the SSMC. (\$25)
- I would like to be a voting member of the SSMC and I would like to be eligible for the end-of-the-season points fund. (~~\$100~~) (\$50)

\*\*\*\*\*

Class \_\_\_\_\_ Car # requested \_\_\_\_\_

\*\*\*\*\*

Reserved parking spot number \_\_\_\_\_ (\$100)

\*\*\*\*\*

\_\_\_\_\_  
Signature of applicant Date

NOTE: If applicant is under 21 years of age, an additional form must be completed before a Notary Public. Upon receipt of this application, properly completed and signed, and accompanied by the correct fees, the secretary will forward a membership card to the applicant. This association reserves the right to reject any application.

