# Sweet Springs Motorsports Complex

Name: _____
First Last

Address: _____
Street City State Zip

Date of Birth: _____ Social Security # _____
Required to receive check

Home Phone: _____ Email: _____

Cell Phone: _____ Carrier: ATT Verizon Sprint T Mobile
Do you accept text messaging on this phone? Y or N Other: _____

Check type of membership desired…..

_____ I choose not to be a member of SSMC.

_____ I would like to be a voting member only of the SSMC. ($25.00)
**Save $5 per night**

_____ 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. **To be eligible you must attend 10 races, but your top 13 races will count towards the end of the season points.** ($50.00)

Reserved parking spot number: _____ ($100.00)

Car Information:

| _____ | _____ | _____ __ |
|---|---|---|
| Class | Car # requested | Chassis/Make R? |
| _____ | _____ | _____ __ |
| Class | Car # requested | Chassis/Make R? |
| _____ | _____ | _____ __ |
| Class | Car # requested | Chassis/Make R? |

Signature: _____ Date: _____

Print Name: _____

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.