

# Sweet Springs Motorsports Complex

Member/Driver Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Phone Number: \_\_\_\_\_ Do you receive text messages? Y N

### Type of membership desired.....Please check one

\_\_\_\_\_ I would like to be a VOTING member of the MMMMRA. (\$50)

\_\_\_\_\_ I would like to be a RACING member of SSMC. (\$50)

(RACING Membership Includes Voting rights in MMMMRA.)

Reserved Parking spot number: \_\_\_\_\_

### Car Information: Please write down ALL class(es) you will be competing in.

\_\_\_\_\_ Rookie: Y N \_\_\_\_\_ Rookie: Y N  
Class Car# requested Class Car # requested

\_\_\_\_\_ Rookie: Y N \_\_\_\_\_ Rookie: Y N  
Class Car# requested Class Car # requested

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Driver Print Driver Signature Date

Note: If the applicant is under 18 years of age, a minor release form must be completed before a Notary Public. The minor release and copy of birth certificate must be on file to race. MMMMRA reserves the right to reject any application.

### Owner Information: Same as above

All money earned at SSMC will be sent to the following address and person listed below. A W-9 tax form is also required and a 1099 tax form will follow if earnings exceed the allotted nontaxable amount. This form must be filled out legibly or we will not be able to issue a check for your earnings.

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone number: \_\_\_\_\_ Do you receive texts? Y N

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Owner Print Owner Signature Date

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
SSMC Staff Signature Date Membership#

Payment: Cash  CC  Check #: \_\_\_\_\_ Total: \$ \_\_\_\_\_