

Illini State Pullers Membership Form



Please fill out completely

Vehicle Membership (per class): \$200

**if paid after April 15th: \$400*

-Please fill out **only one** form per vehicle, more than one driver will require more than one form-

Classes Entering: _____

Vehicle Name: _____

Year: _____ Make: _____ Model: _____ Color: _____

Payee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

**** SSN or Tax ID: _____ ****

SSN or Tax ID is required for any checks to be cut. Only one payee per vehicle. All checks will be paid to above payee regardless of who registered and/or operated the vehicle.

Driver's Competition License/ Associate Membership

(Required to compete in any sanctioned event) \$50

**if paid after April 15th: \$100*

(Late Fee does not apply to day members)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Emergency Phone: _____

Email: _____

Number of classes entering: _____ x \$200 = _____ *(after 4/15) x \$400= _____*

Competition license/Associate member x \$50 = _____ *(after 4/15) x \$100= _____*

Sanctioned Day Membership (no points) x \$100= _____

Cash Check Card Paid on: _____

Total Due: _____

By signing I hereby agree to comply with all ISP rules and regulations. I release all ISP membership, board members and anyone affiliated with ISP from all Liability. A current ISP Clutch form is required to be on file with ISP before participating in any event.

Signature: _____ Date: _____

Mail To: Illini State Pullers
PO Box 186
Somonauk IL 60552

www.Illinistatepullers.com
www.facebook.com/illinistatepullers