

MCQMRC

Membership Application

2019

____ **FULL** Membership (includes one (1) Alternate Handler) **\$85.00** (club dues only. USAC dues are separate)
1ST ALTERNATE HANDLER IS FREE WITH FULL MEMBERSHIP
MUST FILL OUT 2ND PAGE WITH ALTERNATE HANDLERS FULL INFORMATION

____ Additional **ALTERNATE HANDLER Membership \$25.00** (club dues only. USAC dues are separate)
MUST FILL OUT 2ND PAGE WITH ALTERNATE HANDLERS FULL INFORMATION

Alternate Handlers **must** provide club member's name for with whom you are joining.

Renewing Full Members Only: Membership dues must paid in full by 2/28/2019 to avoid a **\$75.00** late renewal penalty. Only those Members paid in full by the November membership meeting will be permitted to run for office and/or vote in the Election of Officers for the following year. Returning members are responsible for ALL fundraisers, meetings and work details prior to formally renewing their membership in a calendar year.

NAME _____ SPOUSE'S NAME _____

ADDRESS _____ PHONE # (M/C) _____

CITY _____ STATE _____ ZIP _____ (S/C) _____

DRIVER'S NAME _____ BIRTHDAY _____ AGE _____

CAR# _____ # YEARS DRIVING _____

DRIVER'S NAME _____ BIRTHDAY _____ AGE _____

CAR# _____ # YEARS DRIVING _____

DRIVER'S NAME _____ BIRTHDAY _____ AGE _____

CAR# _____ # YEARS DRIVING _____

DRIVER'S NAME _____ BIRTHDAY _____ AGE _____

CAR# _____ # YEARS DRIVING _____

MEMBER EMAIL: _____

*APPLICANT SIGNATURE _____ DATE _____

CLUB OFFICAL

AMOUNT PAID CLUB\$ _____ CASH _____ CHECK # _____

AMOUNT PAID USAC\$ _____ CASH _____ CHECK# _____

Make Checks Payable To: MCQMRC

CLUB OFFICAL RECEIVING PAYMENT _____

MCQMRC

Membership Application

2019

FULL MEMBER NAME _____

ALTERNATE HANDLER INFORMATION

#1 (FREE)

NAME _____

ADDRESS _____

PHONE # (H) _____ DOB _____

CITY _____ STATE _____ ZIP _____

(C) _____

EMAIL ADDRESS _____

#2 \$25.00 CLUB DUES (USAC FEES are separate)

NAME _____

ADDRESS _____

PHONE # (H) _____ DOB _____

CITY _____ STATE _____ ZIP _____

(C) _____

EMAIL ADDRESS _____

#3 \$25.00 CLUB DUES (USAC FEES are separate)

NAME _____

ADDRESS _____

PHONE # (H) _____ DOB _____

CITY _____ STATE _____ ZIP _____

(C) _____

EMAIL ADDRESS _____