



BMARA 2012 Membership Form

Date: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Chassis: _____ Engine: _____

Sponsors: _____

Yearly Membership Type:

_____ \$115.00 Driver with Insurance

_____ \$90.00 Car Owner & Voting Member with Insurance

_____ \$50.00 Voting Member

_____ \$25.00 Non-Voting Member

Please make checks or money orders payable to: BMARA

Mail payment along with this form to:

Paul Krueger – BMARA
3027 Siggelkow Road
McFarland, WI 53558

*Please fill out all information as it pertains to you