

NYTPA MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHONE: (CELL) _____ (HOME) _____

EMAIL _____

HOW DO YOU WANT TO RECEIVE CORRESPONDENCE: Email US Mail (circle one)

SOCIAL SECURITY NUMBER/TIN (competitors only) _____ (complete W-9)

(CIRCLE ONE)

SUPER STOCK MODIFIED TWD SUPER FARM LPS 4.1 SS GAS 4X4

VEHICLE NAME: _____

By completing this form, I approve the use of any photos, videos, and information regarding my vehicle by NYTPA for promotional and points fund endeavors.

CHECK TYPE OF MEMBERSHIP:

_____ Competing Membership (voting rights) Before April 1 \$ 75.00

_____ Competing Membership (voting rights) After April 1 \$100.00

_____ Associate Membership (no voting rights) \$ 25. 00

Name: _____

Address: _____

An individual must have a NYTPA competing membership to drive a vehicle for NYTPA points. It is highly recommended that all crew persons obtain associate membership. An individual must have a competing or associate membership to be in the hot pit and track side areas.

Please complete this form and forward it with your check payable to NYTPA to:

TIM DAVIS
3201 STATE HWY 12
OXFORD, NY 13830

Date Rec'd _____

NYTPA Card # _____