

USARM Membership Application/Renewal
P.O. Box 3682, Salinas, CA 93912

Name: _____ Birth Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Country _____

Email: _____

Work Phone: _____ Cell Phone: _____

Crew Experience: _____ # of Years _____

Occupation: _____ T-Shirt Size _____

Type of Application: New _____ Renewal _____ Address Change _____ Update _____

Emergency Medical Information

Medication Used: _____

Allergies : _____ Blood Type: _____

Emergency Notification

Name : _____ Relationship: _____

Address : _____

Phone : _____

USARM dues are \$35.00 for new members, \$30.00 for renewals. All new memberships received after October 31 will apply to the following year. Membership must be paid for in advance before any events are worked. Membership is to be paid to USARM and will **NOT** be taken out of any reimbursement a member receives for a weekend. All membership renewals/new memberships **MUST** submit a completed application with their current information (no matter how long you've been at your current address). Make your check/money order payable to USARM and mail to the address listed above.

I hereby apply for membership in the United States Auto Race Marshalls, and agree to abide by its bylaws.

Signature : _____ Date : _____

For USARM Use:

Date Received ____/____/____ Date Processed: ____/____/____

Membership Number: _____ Member Type: ____ Card Sent? Y__ N__

Payment Type: Cash _____ Check # _____ Other: _____