



2024 MEMBERSHIP FORM

The undersigned hereby applies for membership as: **Check One**

Driver \$150.00 Owner \$150.00 Owner/Driver \$200.00

Temp Driver \$75 Temp Owner \$75 Temp Owner/Driver \$100 Associate \$35

**Owner, Driver, and Owner/Driver membership (renewals) increase by \$25 each effective after the first points race.
Scheduled First Points Race: Wall Stadium Speedway, Saturday, April 20th, 2024.**

(Each additional car requires a separate application form)

(Competitor Information, Please Print)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (Required)*: _____

NOTE: All official ATQMRA communications will be sent via e-mail. Your application is not considered complete without an e-mail address for drivers and owners.

Driver's License # _____ Social Security# _____

Date of Birth: _____

(Emergency Contact Information, Please Print)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Car affiliation: _____ Car number request: 1st Choice _____ 2nd choice _____

Category: Check One

Driver STIDA Insurance (Coverage 1/1/2024 – 12/31/2024)

Green Membership White Membership Checkered Membership Policy # _____

Waiving personal 3rd layer insurance option

In consideration of the acceptance by ATQMRA Inc. of my membership application and issuance of same, I do hereby, release, rescind, and discharge ATQMRA Inc., the promoters, presenting races, or other events under ATQMRA sanction, and the owners and lessees of premises in which ATQMRA Inc. sanctioned races or other events are promoted. And the officers, directors, agents, employees, and servants aforementioned, of and from all liability, claims, actions, and possible causes of action, whosoever, may accrue to me or my heirs, next of kin, and personal representative, from any and every loss, damage and injury (including death) that may be sustained by my person ad property, while in, about and enroute into and out of premises where ATQMRA Inc. sanctioned races or other events are presented. I have read and fully understand the foregoing and certify and represent that the above answers are true. I agree to abide by the rules and regulations of ATQMRA Inc. and to accept in final, all decisions of properly authorized ATQMRA Inc. officials.

Date: _____

Signature: _____

Please make checks payable to ATQMRA and send to:

ATQMRA c/o Zack Burd, 308 B Collins Lane, Maple Shade, NJ 08052