



Membership Application 2011

- Please print your information as you would like it to appear on the Club Roster
- Mail Application, Waiver, and Payment to: **Mark Wight 3661 N Campbell Box 330 Tucson, AZ 85719** or contact with questions: mwightcpa@gmail.com 520-401-0606
- Make checks payable to “Eclipse Racing Inc.”

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____

E-mail Address: _____

DOB: _____ Emergency Contact: _____

Racing Age: _____ Emergency Contact Phone: _____

USCF License #: _____ Racing Category: _____

Gender: Male Female

Signature of applicant (or parent if applicant is under 18 years of age):

_____ Date: _____

Membership Costs: Individual \$50

**Membership Dues are for a calendar year*

***Please sign and include the Liability Waiver*