

IMCA COMPETITOR'S LICENSE APPLICATION

2008

New Member Renewal

- | | |
|--|--|
| <input type="checkbox"/> Modified Driver.....\$115 | <input type="checkbox"/> Stock Car Driver\$95 |
| <input type="checkbox"/> Late Model Driver\$135 | <input type="checkbox"/> SportMod Driver\$90 |
| <input type="checkbox"/> Sprint Car Driver.....\$135 | <input type="checkbox"/> Hobby Stock Driver.....\$85 |
| <input type="checkbox"/> Crate Model.....\$90 | <input type="checkbox"/> Sport Compact\$60 |
| <input type="checkbox"/> Associate/Crew Member (Optional) \$60 | <input type="checkbox"/> Minor 14-17 (Additional Fee).....\$50 |

NOTE: DEDUCT \$5 FOR MEMBERSHIPS PAID TO IMCA OFFICE

IMCA membership for 2008 includes a \$50,000 excess medical insurance policy (\$5,000 deductible) which covers you at any IMCA sanctioned event. This excess medical coverage goes into effect after the \$5,000 deductible has been met, per the terms and conditions of the policy, as a result of an IMCA sanctioned racing accident, up to \$50,000. This excess medical coverage is over the track insurance and any other valid and collectible insurance that you, the IMCA member, may have. A \$5,000 accidental death, dismemberment and paralysis policy is also included for IMCA sanctioned events, or for travel to or from IMCA sanctioned events. The policy period is from 1/1/08 to 12/31/08.

Driver's Name: _____ Spouse Name: _____

Street Address: _____ P.O. Box _____ Car #: _____

City/State/Zip: _____ Jacket Size: _____

Daytime Phone Number: (_____) _____ Evening/Cell Phone Number: (_____) _____

Driver's Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Car Owner: _____ Chassis: _____ E-mail: _____

By submitting this application upon acceptance I agree to abide by all IMCA rules and regulations.
(As stated on the back of this form.)

Driver's Signature: _____ Date _____

OFFICE USE

Date Rec'd _____

Check # _____

Amount \$ _____