

IMCA COMPETITOR'S LICENSE APPLICATION

2010

New Member **Renewal**

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

IMCA membership for 2010 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 1/1/10 to 12/31/10.

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

Driver's Name: _____ **Spouse Name:** _____

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

City/State/Zip: _____ **Jacket Size:** _____

Primary Phone Number: _____ **Secondary Phone Number:** _____

Cell Phone Number: _____

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

E-mail (required if available): _____

I would like to receive text messages from IMCA on my cell phone: **YES** **NO** If Yes, please list cell company/carrier: _____

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** _____

**IMCA OFFICE
USE ONLY**

Date Rec'd _____

Check # _____

Amount \$ _____