

2020 CMDRA MEMBERSHIP APPLICATION

RACER

CREW/SUPPORT

NAME _____

RACE TEAM _____

ADDRESS _____

CITY _____

PROV/STATE _____

POSTAL CODE _____

TELEPHONE _____

EMAIL _____

CLASS: _____

PLATE NO. REQUESTED 1. _____

2. _____

3. _____

2020 MEMBERSHIP FEES: RACER \$100
CREW/SUPPORT \$30

MAIL THIS COMPLETED FORM ALONG WITH A CHEQUE OR MONEY
ORDER MADE PAYABLE TO CANADIAN MOTORCYCLE DRAG
RACING ASSOCIATION TO: *C/O DAVE TOTH*
2143 HULL WAY NE
MEDICINE HAT, AB
T1C-1R9

