



MTRA Membership Application

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Team Membership (Up to 2 Trucks & 2 Members per Truck) **\$300**

Membership includes: Voting privileges (1 vote per truck), Membership Patches & Decals, Special mailings, Press Release publication, Award Eligibility, Access to Rule Book, Tech School, and exclusive merchandise

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Additional Truck (1 Truck & 2 Members) **\$150**

Membership includes: Voting privileges (1 vote), Membership Patches & Decals, Special mailings, Press Release publication, Award Eligibility, Access to Rule Book, Tech School, and exclusive merchandise

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Promoter (2 Members & 2 Affiliates) **\$300**

Membership includes: Voting privileges (1 for members & 1 for affiliates), Membership Patches & Decals, Special mailings, Press Release publication, Access to Rule Book, Tech School, and exclusive merchandise

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Race Team Affiliate (1 Member) **\$150**

Membership includes: Voting privileges (1 vote), Membership Patch & Decal, Special mailings, Press Release publication, Award Eligibility, Access to Rule Book, Tech School, and exclusive merchandise

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Sponsor (2 Members) **\$300**

Membership includes: Voting privileges (1 vote), Membership Patches & Decals, Special mailings, Press Release publication, Access to Rule Book, Tech School, and exclusive merchandise

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Associate (new or renewal) **\$40**

Membership includes: Membership Patch & Decal, Special mailings, Limited Voting privileges, Press Release publication, Access to Rule Book, Tech School, and exclusive merchandise

Primary Team/Truck/Promoter Name: _____

Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Street Address: _____

City _____ State _____ Zip _____

Phone () _____ Primary Contact DOB _____

Additional Member Name: _____

Additional Member Email: _____

Additional Member Street Address: _____

City _____ State _____ Zip _____

Phone () _____ Additional Member DOB _____

Return to: MTRA Brenda Noelke - Secretary 947 Crider Lane Union, MO 63084
Phone: (636) 234-6162 Fax: (636) 583-1660 Email: contact@mtra.us



MTRA Membership Application

Secondary Team/Truck Name: _____

Secondary Member Name: _____

Secondary Member Email: _____

Secondary Member Address: _____

City _____ State _____ Zip _____

Phone () _____ Secondary Member DOB _____

Additional Member Name: _____

Additional Member Email: _____

Additional Address: _____

City _____ State _____ Zip _____

Phone () _____ Date of Birth _____

Additional Member Name: _____

Additional Member Email: _____

Additional Address: _____

City _____ State _____ Zip _____

Phone () _____ Date of Birth _____

Additional Member Name: _____

Additional Member Email: _____

Additional Address: _____

City _____ State _____ Zip _____

Phone () _____ Date of Birth _____