

EMPIRE STATE PULLERS

MEMBERSHIP FORM

(PLEASE PRINT)

DATE _____

TYPE OF MEMBERSHIP

PLEASE CHECK ONE:

ASSOCIATE MEMBERSHIP _____

COMPETING MEMBERSHIP _____

NAME _____ S.S. # (PULLERS & WORKERS ONLY) _____

ADDRESS _____ PHONE # () _____

TOWN/STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

Please specify how you would like to receive correspondence. Email _____ Postal _____

COMPETING MEMBER FEE \$50.00 AFTER JAN. 5, \$75.00 / AFTER MARCH 1, \$100.00.

ANY MEMBERSHIP TURNED IN AFTER JAN 5, WILL NOT HAVE VOTING RIGHTS UNTIL JUNE 1

ASSOCIATE FEE \$15.00

CHECK# _____ CASH _____ TOTAL PAID _____

VEHICLE INFORMATION

PLEASE CIRCLE:

MOD LIGHTSS HEAVY SS SFS TWD Limited Pro Stock Diesel Trucks (2.6 Truck)

VEHICLE NAME _____

PULLING TEAM _____

MAKE AND MODEL _____

ENGINE TYPE/CUBIC INCH _____

PLEASE MAKE CHECKS PAYABLE TO: **EMPIRE STATE PULLERS**

Mail to:

Stacey Bakowski
9486 East Holland Rd
Holland, NY 14080