

# Illini State Pullers Membership Form



*Please fill out completely*

**Vehicle Membership** (per class): \$200

*\*if paid after April 15<sup>th</sup>: \$400*

-Please fill out **only one** form per vehicle, more than one driver will require more than one form-

Classes Entering: \_\_\_\_\_

Vehicle Name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\* SSN or Tax ID: \_\_\_\_\_ \*\*\*\*

SSN or Tax ID is required for any checks to be cut. Only one payee per vehicle. All checks will be paid to above payee regardless of who registered and/or operated the vehicle.

## Driver's Competition License/ Associate Membership

(Required to compete in any sanctioned event) \$50

*\*if paid after April 15<sup>th</sup>: \$100*

*(Late Fee does not apply to day members)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of classes entering: \_\_\_\_\_ x \$200 = \_\_\_\_\_ *(after 4/15) x \$400= \_\_\_\_\_*

Competition license/Associate member x \$50 = \_\_\_\_\_ *(after 4/15) x \$100= \_\_\_\_\_*

Sanctioned Day Membership (no points) x \$100= \_\_\_\_\_

Cash    Check    Card    Paid on: \_\_\_\_\_

Total Due: \_\_\_\_\_

By signing I hereby agree to comply with all ISP rules and regulations. I release all ISP membership, board members and anyone affiliated with ISP from all Liability. A current ISP Clutch form is required to be on file with ISP before participating in any event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail To: Illini State Pullers  
PO Box 186  
Somonauk IL 60552

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