## 2025 MHDRA Membership Form

## **Medicine Hat Drag Racing 2012 Association**

Box 366

Medicine Hat, AB T1A 7G1 http://www.mhdra.com MHDRAPayment@gmail.com

Last Name:	First	: Name:	
Address:			
City:	Province:		Postal Code:
Home Phone:	Work Phone		Cell Phone:
E-Mail Address:		Date of I	Birth:
Racing Information	7		
Make:	Model:		Year:
Competition Class you are Rate	The state of the s	eck box with n · 4/30/2025	nembership – 1 per Member After
MEDIGINE	HATIDRAG	RACIN	3/ASS0(0/ATTON)
Pit Space Rental	Р	it Site	\$200
	V	/aiting List	
You must be a paid member		•	t be paid for prior to first event
TOTAL FEES OWING FOR CLASS AND PIT RENTAL: \$  Remit payment here by e-transfer to MHDRAPayment@gmail.com or by submitting a check			
sponsor built, maintained and ma maintenance, housekeeping, ma meet these obligations will be me	anaged. As a member of rketing and promoting o et with expulsion from cl	the MHDRA, I ag ur sport, club, ar ub membership	ose facility is member/volunteer and gree to actively participate in fund raising and facility in a positive manner. Failure to . I will act responsibly and in the best sportsmanship and mature conduct at al
Signature:(Under 18 requires signature of parent o			
	FOR OFFICE	USE ONLY	
Member #	Paid Via:		Date Received: