



MEMBERSHIP APPLICATION
Read Carefully - Fill out Completely - Print Clearly

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Telephone (_____) _____
 Date of Birth _____ Age _____

For Office Use Only	
Date Received	_____
Date Issued	_____
# Issued	_____
Ind./Family	_____
Amount Paid	_____

=====
 Note: All new applicants under 18 years of age MUST supply a copy of their birth certificate with this application.

All applicants under the age of 18 years of age MUST have a Notarized Parent/Legal Guardian signature on the reverse of this application.

=====
 Riding # _____ New Renewal (*check one*)

Rating (*check one*)

- 125 cc 250 cc Quad Mini under 100 cc
 Novice Amateur Expert Mini

* Note: Race classes with age restrictions are determined as of January 1 of the current season.

=====
REVERSE SIDE MUST BE COMPLETED OR APPLICATION IS VOID!
 Numbers are in effect January 1 through December 31 of each season.

LONG ISLAND MOTOCROSS, Inc.

A \$150 fee must accompany this application.

This receipt, when returned to you, is to be retained for your records and must be shown at sign-in until your card is received.

Family Membership is **\$200**. Parents with own children under 18 years old. Please fill out set of membership applications for each family member that will be riding.

Name _____ Date _____ Number _____

Address _____ City _____ State _____

Issued By _____