2015 United States Rotax Max Challenge Membership Application



Membership Ty	' pe: (mark with	n an "X")						UN	ITED S	RTATES 🔳	
New: *Renewal:											
*Please input current membership number											
Current Membership Number:											
Current Ho											
Class for the 2											
Membership Fe	e: (mark with	an "X")									
Annual Members		3-Year Membership Fee\$120.00									
Membership includes: USRMC Membership Card and Official Decals. The RMC rules are available for download at www.gorotax.com . All members will be included in official "punch system" and National Points System.											
Dues are for the 12 month period ending December 31 st . If accepted as a member by the USRMC, I (and including my immediate family), agree to abide by the rules and regulations of the USRMC. I also agree to have my USRMC membership card at every Official Rotax Max Challenge Event. Furthermore, I understand that all communication between USRMC officials and USRMC members will be via e-mail, and that this application cannot be processed without a valid e-mail address.											
Member Inform	nation:										
Name:									ate:		
Address:											
City/State/Zip:							E-Mail (1)				
Primary Phone:							E-Mail (2)		•		
*US Citizen:		ermanent Resident:			*Visa Holder and Type:						
*If not a US Citizen or Permanent Resident you are eligible to join the USRMC but you will not be eligible to compete at the USRMC Grand Nationals.											
Method of Payr USRMC and mail to		cept payment via – (rovided below.	Cash (do n	ot m	ail cash), (Ch	eck, Money Ord	er or Credit	Card.	Make checks pay	able to
Card Number:				Expiration		on	:	CCV (3 c	CCV (3 or 4 digit Security Code):		
Card Holder Nam	e:				Card Ho		der Signature:				
*Membership Auto-Renewal: Please Initial for consent											
of membership. US	SRMC will send syment will be	rge my credit card a a renewal notice via charged and no addi rd is denied.	email in t	he be	eginning o	of t	he new season t	o confirm th	e auto	o-renewal paymen	t. Upon
Driver Name:	Date:						Parent/Guardian Name:				
Signature:							Signatu	Signature:			
If applicant is under beyond. Also, a par				y not c	done in the year of	2011 or					
USRMC use only	у										
Date Received:											
New License Number:											