

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 \$20.00

CHECK# _____ CASH _____ TOTAL PAID _____

VEHICLE INFORMATION

Please circle BOTH classes that apply:

MOD LIGHTSS HEAVY SS SFS TWD Limited Pro Stock Diesel Trucks (3.0 Truck)

VEHICLE NAME _____

PULLING TEAM _____

MAKE AND MODEL _____

ENGINE TYPE/CUBIC INCH _____

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

Mail to:

Sara Boldt
210 West Main St. Apt. 2
Springville NY, 14141