

Membership Application**2020**Jan 1st, 2020 – Dec 31st, 2020**Please Print Legibly:**

NAME: ** _____

ADDRESS: _____ CITY: _____

PROVINCE/STATE: _____ POSTAL CODE: _____

TELEPHONE: (home)** _____ (cell)** _____

Email:** _____

 Attending With:** (choose one) Rumblebee Hobby Stock Street Stock Renegade Truck
 Baby Grand MiniCup IMCA Modified

Car Number: _____

**** Mandatory – name, phone (cell or home), email, attending with.**

Code of Conduct

I accept and agree to follow the MHARA Bylaws, Policy and Procedure Manual and Class Rules as published and amended from time to time. I further agree that I will do my best to participate in a sportsmanlike manner and help whenever possible at club events and functions.

NOTE: MHARA will keep all information strictly confidential.All membership applications must be emailed to: MHARARacing@gmail.com

All RaceDay Payments (Registration and Pit Crew):

(1) E-transferred to mhara.treasurer@gmail.com – password “covid19”

(2) Call Patti (403-526-0584) any day after 2 pm to pay with credit card

Indicate which dates payment is for: Aug 15 Aug 16 Aug 22 Sept 5 Sept 12 Sept 13Choose the one that best describes you: Car and Driver Pit Crew(included) Pit Crew (additional)

Please note that everyone entering the Medicine Hat Speedway will be expected to follow current AHS protocols. Everyone will be screened prior to entry. Those that fail will not be allowed to enter the premises.

MHARA is asking that anyone with any symptoms/risk of contact of COVID-19 to please stay home. Board members/racers/pit crew/volunteers/staff must protect the health of the community first and foremost.

Personal Information Consent

By providing personal information to the Medicine Hat Auto Racing Association (MHARA), the applicant consents to MHARA's collection, retention and disclosure of that information for any and all purposes as permitted or contemplated under the above described membership application and as needed to comply with any legal requirements. This includes contact tracing by AHS.

By signing this application, you agree to follow the MHARA Code of Conduct and to the Personal Information Consent.

Applicant's Legal Signature: _____ Printed Name: _____

Date: _____

YOU MUST READ AND COMPLETE REVERSE SIDE OF THIS APPLICATION

