



**MANDRA
Membership Application**

New _____ Renewal _____

Date: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City: _____

Mobile Phone: _____

State: _____ Zip Code: _____

Email: _____

Occupation: _____

Racing History/Other info: _____

Type of Membership Requested

_____ Associate (Not Competing) \$35.00

_____ Full Member (Full Privileges) \$50.00

_____ Yes. I plan to compete at the races. Car information on the back.

_____ Yes. I plan to participate in the points program. \$50.00

Total: _____

Applicant agrees to comply with the Rules and By-Laws of the organization

Signature

Date

Payment received by _____

Date: _____

Amount: _____ Cash _____ Check # _____

Type of Car _____

(Dragster, Altered, Full Bodied)

**Please provide a photo that can be kept with your application

Make and Model of Car _____

Year of Car _____

Name of Car _____ Car Number _____

Year, Make, and Style of Engine _____

E.T. of Car _____

All entries must be approved prior to competition, and changes made after approval may require reapproval.

I agree to present and keep entry in accordance with and abide by the accepted rules of the organization.

Signature

Date

Vehicle checked for compliance and approved by

Name

Date

Name

Date

Mail to : MANDRA, 1023 Hogan Way, Northampton, PA 18067