



2017 MEMBERSHIP APPLICATION

Send \$30.00 and this application to:

WOTMX
3006 220th Ave E
Lake Tapps WA 98391-5636

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE: _____ **DATE OF BIRTH** ____/____/____ **AGE** _____

RACING# _____ **BIKE BRAND** _____

E-MAIL _____

NEWSLETTERS AND INFO WILL BE EMAILED. WE WILL ONLY BE DOING ONE OR TWO SNAIL MAILINGS.
SO PLEASE PROVIDE AN EMAIL ADDRESS AND HELP KEEP OUR MAILING COSTS DOWN.

CLASSES: CIRCLE ONE

40+	Master	Expert	Intermediate	Novice
50+	Master	Expert	Intermediate	Novice
60+	Master	Expert	Intermediate	Novice
70-74	Master	Expert	Intermediate	Novice
75+	80+	90+	Support (under 30)	

OVER THE HILL GANG (AGES 30-39) **A** _____ **B** _____ **C** _____

LEGAL RELEASE: I, the undersigned, understand MX racing is potentially dangerous and deadly and I fully understand that at no time will I have legal or financial claims against, nor will I hold responsible, any club member or club officer of the Old Timer MX Association for damages from injuries or death. I will be responsible for my own actions.
I HAVE READ AND FULLY UNDERSTAND THIS RELEASE.

SIGNATURE _____ **DATE** _____

John Kocher, Treasurer
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Lance Marshall, President
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