



2020 MEMBERSHIP APPLICATION

Send \$30.00 and this application to: WOTMX 9602 85th Dr. NE, Marysville, WA 98270

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

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

RACING# _____ BIKE BRAND _____

E-MAIL _____

EMERGENCY CONTACT: _____ PHONE: _____

NEWSLETTERS AND INFO MAY BE EMAILED, SO PLEASE PROVIDE A LEGIBLE EMAIL ADDRESS.

CLASSES AVAILABLE: CIRCLE YOURS

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 motocross 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** _____