

Central Roadracing Association
PO Box 130426
Minneapolis, MN 55113
(612) 332-4070

2017 Membership Application

Member Information:

Name:							
Address:						Apt/Unit:	
City:		State:		Zip:		Country:	
Date of Birth:			Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Phone:			Email:				
E-Ballot Opt Out?	<input type="checkbox"/> (If checked, send via US Mail)		E- Newsletter Opt Out?	<input type="checkbox"/> (If checked, send via US Mail)			

Emergency Contact Information:

Name:		Relationship:	
Primary Phone:		Alt. Phone:	

Membership Type and Fees: (prices include tax)

	Volunteer - \$0 (Free to volunteers that earn three worker points in a single race season.)
	Standard - \$26.78
	Business / Vendor - \$26.78 (Does not include voting rights.)
	Racer - \$107.13 (Includes Competition License & Membership)
	New Rider School (Classroom Instruction Only) - \$25 (Remainder of the package price can be paid at the track.)
	New Rider School (Package) - \$200 (Includes classroom instruction, (1) Friday practice, (1) transponder rental, New Rider Race, Competition License/Membership, and year end New Rider Championship Race. (Note: This does not cover your weekend racer wristband, or other races. See www.CRA-MN.com for more pricing information.)
	Reciprocating Organization - Single Event/Weekend Competition License Only - \$32.14 (Does not include voting rights. Must show proof of licensure with a reciprocating road racing organization, see page 2.)

NOTE: If you would like to make a donation to the CRA please include this amount with your payment.

General Questions:

Is this your first year registering for membership with the CRA? Yes or No

If you answered "yes":

How did you hear about us? _____

If you were referred by a current member what is their name? _____

***** All Members: Please complete Page 2. *****

***** For CRA Official Use Only: *****

Comp. #:	_____	Payment Method:	_____
Type: V M B/V NR N E R/SE		Rcv'd/Postmark:	_____
Amount Paid: \$	_____	Rcv'd By:	_____

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Racer Information:

Is this your first year applying for a CRA competition license? Yes or No

If you answered "Yes":

Do you currently hold a license with another reciprocating road racing organization? Yes or No

If you answered "Yes" above please complete the following questions:

With which organization? _____

Are you an: Expert or Novice

What is your competition number? _____

If you answered "No":

How many years have you raced with the CRA? _____

When did you last race with the CRA? _____

Are/were you an: Expert or Novice

2016 CRA Competition #:			
Desired CRA Competition #:	1 st Choice:	2 nd Choice:	3 rd Choice:

Important Notes:

- Valid competition numbers are between 11 and 999. (Note: The number 77 is permanently retired in honor and memory of Don Framstad - founding member, board member, technical inspector, chief rider school instructor, champion racer, and good friend.)
- 2016 Competition Numbers will be held until February 15, 2017. Numbers will then be issued on a first come-first served basis. NOTE: Retention of current competition numbers is *only* assured if this application is *postmarked* by February 15, 2017.
- New Riders will have numbers issued *after* February 15, 2016 on a first come first served basis determined by post mark date.
- If you have a license from another reciprocating road racing organization you *MUST* present proof of licensure. You may either attach a copy of your license (front and back) to this membership application, or email a copy to the Membership Director.

Volunteer Information:

What is your normally worked specialty? (Corners, Hospitality, etc.?) _____

All Members:

By attending a Central Roadracing Association event I agree to the following:

- At any time during a CRA event, my photo and/or video may be taken and likeness used in marketing and/or promotional materials on behalf of the club, our affiliates, vendors or commercial partners. We also reserve the right to manipulate, duplicate and distribute any photo taken during a CRA race weekend.
- I agree to allow CRA officials to exchange information regarding myself with my health care providers as related to my care.

By completing this form, I certify that the above information is true and correct.

Signature: _____

Date: _____