

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

## 2019 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:				
Opt Outs	Electronic Ballot <input type="checkbox"/> <i>(If checked, send via US Mail)</i> E-Newsletter <input type="checkbox"/> <i>(If checked, send via US Mail)</i> E-Rulebook <input type="checkbox"/> <i>(If checked, send via US Mail – Paper copies will be available in Race Registration)</i>						

### Emergency Contact Information:

Name:		Relationship:	
Primary Phone:		Alt. Phone:	

### Membership Type and Fees: *(prices include tax)*

	<b>Volunteer - \$0</b> <i>(Free to volunteers that earn three worker points in a single race season.)</i>
	<b>Standard - \$26.84</b>
	<b>Business / Vendor - \$26.84</b> <i>(Does not include voting rights.)</i>
	<b>Racer - \$107.38</b> <i>(Includes Competition License &amp; Membership)</i>
	<b>New Rider School (Classroom Instruction Only) - \$25</b> <i>(Remainder of the package price can be paid at the track.)</i>
	<b>New Rider School (Package) - \$250</b> <i>(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 any additional sprint races. See www.CRA-MN.com for more pricing information.)</i>
	<b>Reciprocating Organization - Single Event/Weekend Competition License Only - \$32.21</b> <i>(Does not include voting rights. Must show proof of licensure with a reciprocating road racing organization, see page 2.)</i>

**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. \*\*\***

<b>*** For CRA Official Use Only: ***</b>	
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

2018 CRA Competition #:			
Desired CRA Competition #:	1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> 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.) (Note: The number 44 is permanently retired in honor and memory of Jed Copham - former owner of BIR, racer, and good friend.)
- 2018 Competition Numbers will be held until February 15, 2019. 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, 2019.
- New Riders will have numbers issued *after* February 15, 2019 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: \_\_\_\_\_