

# 2018 Power 600 Series Application for Membership



OFFICE USE ONLY	
AMOUNT PAID: \$	_____
CASH/CK#:	_____
DATE PAID:	_____
· ENTERED	
MEMBER CARD #:	_____
\$80 DRIVER: · or \$20 CREW: ·	_____

**\*PLEASE FILL ALL FIELDS OUT COMPLETELY**

Car #: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**ALL ENTRANTS MUST FILL OUT PAYEE INFO BELOW  
(Must Be Filled Out To Be Paid)**

Rookie: · Yes · No  
Car#: \_\_\_\_\_  
Entrant Name: \_\_\_\_\_  
Sponsor(s) Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Payee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
TAX ID or SS# \_\_\_\_\_