

Individual Membership Application

Please fill out the form below and mail your signed copy to the address shown. Individual memberships are \$35.00 per year. A discount of \$5.00 is applied to individual memberships renewed in the fourth quarter of the current year. Checks payable to Orlando Road Club.



Applicant Name: _____

Date of Birth: / / **Email:** _____
MM DD YYYY

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

USAC License #: _____ **Category:** _____
IF REGISTERED

Emergency Contact: _____
PRIMARY

Cell Phone: _____ **Relationship:** _____

Emergency Contact: _____
SECONDARY

Cell Phone: _____ **Relationship:** _____

Applicant Signature

Date

If the applicant is under the age of 18, the following section must be filled out.

Parent / Guardian Name: _____ **Relationship:** _____

Cell Phone: _____ **Work Phone:** _____

Parent / Guardian Name: _____ **Relationship:** _____

Cell Phone: _____ **Work Phone:** _____

Parent / Guardian Signature

Date

