



Membership Application

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Email: _____

Date of Birth: _____ Spouse: _____

Contact Preference: Personal Email ☐ Work Email ☐ Home ☐ Cell ☐

Emergency Contact: _____ Phone: _____

Membership Type: ☐ Individual/Family ☐ Corporate ☐ Karting

Individual Membership Level: ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze

Drivers License Number: _____ State: _____

Vehicle Make and Models: _____

Convertible: Yes No Please speak with a Club Staff member concerning your convertible

Driving Experience (check one): None Novice Intermediate Experienced

Current Car Club or Competition License (if any): _____

I understand that the information collected herein is for the sole use of Club Motorsports, Inc. in evaluating my eligibility for membership and that CMI may refuse membership for any reason at its own discretion. I understand that this application does not create any right to or infer membership. Each Member will be required to sign a detailed CMI Membership Agreement before becoming a full Member and then eligible to use the road course and facility.

Signature

Date: _____