

2017 I.T.P.A. MEMBERSHIP APPLICATION

DATE _____ AGE _____ NEW ☐ RENEW ☐

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER [] _____ ITPA ZONE _____

All checks are to be issued payable to: _____

[] Fed. ID# **OR** [] SS# (check one) _____
(1099's will have this # on them)

		by 12-15-16	by 2-1-17	after 2-1-17
COMPETING MEMBER	[]	\$250.00	\$275.00	\$300.00
ANTIQUE-CLASSIC-1050# SS-MINI RODS	[]	\$200.00	\$225.00	\$250.00
ASSOCIATE MEMBER	[]	\$85.00	\$85.00	\$125.00
INSURANCE	[]	\$150.00	\$170.00	\$190.00

[] 9500# PRO FARM	[] 2WD TRUCK	[] PRO STOCK	[] 1900# MINI ROD
[] 11,000# PRO FARM	[] SUPER STOCK	[] ANTIQUE	[] 1050# SUPER STOCK
[] 4WD TRUCK	[] 8000# MODIFIED	[] CLASSIC	[] 5800# MODIFIED
[] PRO STOCK DIESEL TRUCK		[] 8500# LIMITED PRO STOCK	
[] 9500# LIMITED PRO STOCK			

PRIMARY DRIVER _____

ADDITIONAL DRIVER (S) _____

	FIRST VEHICLE	SECOND VEHICLE
CHASSIS/MAKE/YEAR'SMODEL		
ENGINE/MODEL		
VEHICLE NAME		

TEAM NAME _____

OFFICE USE ONLY

ITPA MEMBERSHIP _____ ITPA INSURANCE _____

APPLICATION RECEIVED BY _____ TOTAL PAID _____