



USLMRA 2018 MEMBERSHIP APPLICATION

Complete and return with a check for \$25 payable to:

United States Lawn Mower Racing Association
P.O. Box 628
Northbrook, IL 60065

() New () Renewal Membership # _____

PERSONAL INFORMATION

Please Print all information clearly.

Full Name:	Today's Date: / / Your Date of Birth: / /
Address: City: State: ZIP:	Home Phone: () _____ Cell Phone: () _____ E-Mail Address: _____
Gender (Circle One): MALE FEMALE	Occupation:
Person to Contact in Case of Emergency: Phone Number: () _____	Personal Physician: Phone Number: () _____
Blood Type: List Allergies:	Special Conditions / Notes:

RACING INFORMATION

Class	Race Number	Mower Make	Year
JP			
GPK			
IMOW			
GP			
AP			
SP			
CP			
BP			
FXS			
FXT			

Please circle the USLMRA Sanction Chapter or State you are Affiliated with:

Alabama *Arizona *Arkansas California *Connecticut (New England) ND/SD/NE (Big Dog) *Florida (NASGRASS)
 Georgia *Illinois *Indiana *Iowa *Kansas *Louisiana *MD (Mason Dixon) *Michigan *Minnesota New York
 North Carolina *Ohio Oklahoma *Oregon Pennsylvania South Carolina Tennessee *Texas (Lone Star) Virginia
 Washington *Wisconsin NONE

* Indicates Local Chapter