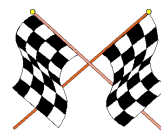


OVRA



Ozark Vintage Racing Association Driver / Owner Membership Application

1. Owner: _____ Driver: _____ Both: _____ Date: ____/____/____
2. Name: _____ DL#: _____ St: ____ Exp: ____/____/____
3. Address: _____
City: _____ State: _____ Zip: _____
Phone # : _____ Fax # : _____ Email: _____
4. Date of Birth: ____/____/____ Age: _____ S.S.N. # : _____
5. Occupation: _____ Employer: _____
6. Marital Status: Married: ____ Single: ____ Spouse's name: _____
7. Emergency Contact: Name: _____
Phone # : _____ Relation: _____
8. Are you currently or have you been a member of any other racing organization? Yes: ____ No: ____
If yes please list: _____

9. Reason for wanting to join OVRA : _____

10. Have you ever been convicted of or currently charged with a felony? Yes: ____ No: ____
If yes please explain: _____

11. If granted membership I do understand that I must follow and abide by any and all rules and regulations set forth by OVRA . If I do not, I understand that my membership may be revoked at any time. And that I may be fined or penalized accordingly before my membership can be reinstated. Yes: ____
12. Membership for the first two years is free. After two years your membership will be \$25 per year.
All applicants must have proof of having or building a car for membership with OVRA.
13. Any applicant 18 years of age or under must also have a signed minor release form filled out by that persons parent or legal guardian before receiving membership. All applicants must fill out release forms.
14. What division(s) will you run in? Hobby Stock ____ Super Modified ____ Vintage Late Model ____

Applicant

OVRA Committee Member

Signature: _____

Signature: _____

Below for OVRA use only

Application: Approved: ____ Denied: ____ Revoked: ____ Date: ____/____/____