



2022 MHDRA Membership Form
Medicine Hat Drag Racing 2012 Association
3271 Dunmore Road SE, Unit 3
Box No. 306
Medicine Hat, AB T1B 3R2
<http://www.mhdra.com>
(403) 548-7061

Complete entire form – Sign – Include payment (cheque preferred) – Mail (address above)

Personal Information

Last Name: _____ First Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____ Date of Birth: _____

Racing Information

Vehicle Year: _____ Make: _____ Model: _____
Competition Class you are signing up for: Volunteer Cheque \$150 (Separate cheque post dated Sept 30, 2021
(This fee is MANDATORY with all BIKE, SUPER-PRO, PRO and SPORTSMAN memberships.
No memberships will be granted without it)

Check box with membership – 1 per person

- | | |
|--|-------|
| <input type="checkbox"/> Super-Pro | \$185 |
| <input type="checkbox"/> Pro | \$185 |
| <input type="checkbox"/> Sportsman | \$105 |
| <input type="checkbox"/> Bike | \$185 |
| <input type="checkbox"/> Jr. Dragster Thunder/Lightening | \$30 |
| <input type="checkbox"/> Jr. Street | \$30 |
| <input type="checkbox"/> Associate | \$30 |

Pit Space Rental

- | | |
|---------------------------------------|-------|
| <input type="checkbox"/> Pit Site | \$200 |
| <input type="checkbox"/> Waiting List | |

You must be a paid member to be eligible for a pit site

TOTAL FEES OWING FOR CLASS AND PIT RENTAL: \$ _____

The Medicine Hat Drag Racing Association is a Non-Profit organization whose facility is member/volunteer and sponsor built, maintained and managed. As a member of the MHDRA, I agree to actively participate in fund raising, maintenance, housekeeping, marketing and promoting our sport, club, and facility in a positive manner. Failure to meet these obligations will be met with expulsion from club membership. I will act responsibly and in the best interest of the club, sport and facility, and will adhere to all rules of good sportsmanship and mature conduct at all times.

Signature: _____ Parent/Guardian: _____ Date: _____

(Under 18 requires signature of parent or guardian)

FOR OFFICE USE ONLY

Member # _____ Paid Via: _____ Date Received: _____