



USLMRA 2016 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

PERSONAL INFORMATION

Full Name:	Today's Date: / / Your Date of Birth: / /
Address: City: State: ZIP:	Phone Number: () Alternate Phone: () E-Mail Address:
Gender (Circle One): MALE FEMALE	Occupation:
Notify In Case Of Emergency: Phone Number: ()	Personal Physician: Phone Number: ()
Blood Type: List Allergies:	Special Conditions / Notes:

RACING INFORMATION

CLASS	YOUR NUMBER (CURRENT)	MOWER MODEL	YEAR
JP			
GPK			
IMOW			
GP			
A/P			
S/P			
C/P			
B/P			
FX			
FXS			
FXT			

Please circle any USLMRA Sanctioned Local Chapter you are affiliated with:

Arizona Arkansas Big Dog (ND/SD/NE) Del-Mar-Va Florida Georgia Illinois Indiana Iowa Kansas
 Louisiana Mason Dixon Michigan Minnesota New England Ohio Tennessee Texas/Lone Star Wisconsin