

Regular Membership with Driver: \$100
 Alternate Handler without Driver: \$25



Year: _____

Date: ____ / ____ / ____

MEMBERSHIP APPLICATION

Handler Name:		Handler DOB:	
Spouse Name:		Spouse DOB:	
Address:		Home #:	
City:		Cell #:	
State/Zip:		Email:	
Driver 1 Name:		DOB:	Age: Rookie? Y N
Driver 2 Name:		DOB:	Age: Rookie? Y N
Alternate Handler Name:		DOB:	

*ANY RETURNED CHECKS WILL RESULT IN A \$25 FEE PLUS BANK FEES PAYABLE WITHIN 30 DAYS – OR LKSQMC MEMBERSHIP WILL BE REVOKED.

By signing below, I am stating that I have reviewed and understand all rules, regulations, and policies of LKSQMC. I understand that I will be held accountable for any and all violations. I am also accepting all responsibilities associated with being a member of LKSQMC, including the Zero Tolerance Policy and the Opening/Closing & Work Detail Policy. I understand and agree to the penalties that will result if I do not comply. I also understand that neither LKSQMC nor any of its Board Members are responsible for personal property left on LKSQMC grounds.

SIGNATURES OF ALL APPLICANTS

Handler print:	Date	Notes
Handler sign:		Payment Type:
Spouse print:	Date	Amount:
Spouse sign:		Received By:
Driver 1 print:	Date	Date:
Driver 1 sign:		NOTES:
Driver 2 print:	Date	
Driver 2 sign:		
Alternate Handler print:	Date	
Alternate Handler sign:		