

Central New York Ice Racing Association
2009 Season
Membership Application

Name _____

Address _____
(street) (city) (state) (zip code)

Phone (____)-_____
(daytime phone) (nighttime phone)

Email address _____

Car _____ Class _____
(year) (make) (model) (color)

Requested number _____
(1'st choice) (2'nd choice) (3'rd choice)

Previous race experience: Ice ___ Rally ___ Solo I ___ Solo II ___ Drags ___
Motorcycle ___ Road race ___ Stock cars ___ Snowmobile racing ___
Race worker ___ Karting ___ Other _____

I, the undersigned, a properly licensed driver, understand that the racing, which I am intending to do, is potentially dangerous and part of a potentially dangerous sport. As such, I promise to fully understand and obey the rules and regulations of **CNYIRA**. I further understand that it is possible that an incident could occur which could cause injury or death to myself or my crew. Therefore, I am signing this membership application with the full knowledge that the organization, the officers, and directors, etc. are not responsible for my safety except to the degree that they are able.

Signature _____ Date _____

Signatures _____ Date _____ Date _____
(for family membership) (for family membership)

(check one) **Regular membership \$30.00** _____ **Family membership \$35.00** _____
Race worker membership free _____ (race worker member is entitled to all regular membership benefits with the exception of driving privileges)

Make checks payable to CNYIRA

Mail to: CNYIRA c/o Peter Deierlein
6257 Perryville Road
Chittenango NY 13037