

Central New York Ice Racing Association  
2015 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 Bruce Coulombe  
117 7th Street  
Watkins Glen, NY 14891  
607-210-4144