



Competitor Membership Application
For issuance of Jeepspeed Challenge Permanent Race Vehicle Number Identification

Vehicle Registration Number _____

Driver of Record _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____ Soc. Security # _____

E-Mail _____ Forum User Name _____

Secondary Driver of Record _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

E-Mail _____ Forum User Name _____

Team Name: _____ Team Radio Frequency _____

Sponsors _____

Associate Sponsors _____

Vehicle Owner _____

Winner's Purse Check Payable to: _____

Soc. Sec. # _____ Tax I.D. # _____ Corp. Y N

Address _____ City _____ State _____ Zip _____

For Office Use Only: # Issued _____ Pmt Rec'd _____