

2010 WOLVERINE PULLERS, INC. MEMBERSHIP FORM

Competing _____ Associate _____

Name: _____ Social Security# _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail _____

**Checks to be made out to, if not the same as above name and S.S. # or I.D. #

Name: _____ S.S. # or I.D. # _____

Vehicle Name: _____

NTPA Number: _____ Class _____

Additional Vehicle Name: _____

NTPA Number: _____ Class _____

Associate Dues: \$35.00 _____ (For non-competing members only)

Competing Dues: Driver: \$70.00 (After April 1st \$95.00) _____

Additional Driver – Same Fee _____

Name: _____

Address: _____

Phone: _____

Vehicle registration: \$60.00 _____

Additional Vehicle registration: \$60.00 _____

(SF competing in PS or SS class, or PS competing in SS class, \$60 per class, to receive points)

Contingency: \$100 Paid with Dues (no contingency ad) _____

**To be in the point's fund, you either need to pay \$100 per class receiving points

Or submit an ad for the Contingency booklet due by April 1st

(SF competing in PS or SS, or PS competing in SS class, \$100 per class, to receive points)

“PULLERS AGAINST DRUGS” \$1 DONATION _____

“PULLERS AGAINST DRUGS” OTHER AMOUNT OF DONATION _____

Date paid _____ Check _____ /Cash _____ Total Amount _____

Mail to: Karen Allen -Wolverine Pullers, Inc.

1482 S 1050 W

LaGrange, IN 46761

260-475-5340