



Membership Application Form

Dear Prospective Member:

Thank you for applying for membership with the Independent Motorsports Group.

Please fill out the form below and send it, with payment, to:

IMG – Memberships, 2202 East Main St, Sacramento PA 17968 or email it to membership@imgracing.com

Name	_____	Date of Birth	_____
Address	_____		
City	_____	State	_____
Postal Code	_____	Email	_____
Phone	_____	T-Shirt Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

Please list any additional family members that you would like to include in this membership. There is no additional fee for immediate family to be included in an annual membership provided that they live in the same household. Weekend temporary memberships are for individuals only.

Name	_____	Date of Birth	_____
Name	_____	Date of Birth	_____
Name	_____	Date of Birth	_____

Interests

Please select any / all of the following interests that apply to you:

- | | | | |
|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Competition Racing | <input type="checkbox"/> Driver’s Education | <input type="checkbox"/> Time Trials | <input type="checkbox"/> Instructing |
| <input type="checkbox"/> Flagging | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Crew | <input type="checkbox"/> Spectating |

Membership Type

All membership types include licensing fees, annual dues, and decals. Yearly memberships include an IMG t-shirt.

- | | | | |
|--|-------|--|------|
| <input type="checkbox"/> Yearly Individual & Family
<i>(includes anyone in household)</i> | \$100 | <input type="checkbox"/> Weekend Membership
<i>(per individual)</i> | \$25 |
|--|-------|--|------|

Payment Method

- | | | |
|---|---|--|
| <input type="checkbox"/> Check made out to:
<i>Independent Motorsports Group</i> | <input type="checkbox"/> Paypal payment to:
membership@imgracing.com | <input type="checkbox"/> I paid my dues via
MotorsportReg.com |
|---|---|--|

By accepting membership in the Independent Motorsports Group, I agree to conduct myself to the highest standards of behavior and conduct, and to show the utmost respect my fellow members and staff.

Applicant Signature

Date



Time Trial / Race License Application

Please fill this section out if you are applying for or renewing an IMG Time Trial or Race license.

Send this form, along with any requested documents to:

IMG – Memberships, 2202 East Main St, Sacramento PA 17968 or email it to membership@imgracing.com

Driver Name _____

Date of Birth _____

License Application Type

- IMG Time Trial License
- IMG Race License

Do you currently, or have you previously held an IMG license?

Yes, I am renewing my IMG license *IMG License Number:* _____

I hold an equivalent license from a recognized sanctioning body.
A copy of my license and current medical evaluation form (if applicable) are attached.

No, I do not yet hold a competition license of any kind.
I would like to enter in the TT School / Race School on _____ (date of school) to earn my license.
A copy of my state driver’s license and medical evaluation form (for race license applications only) is attached.

Driving / Competition Experience

Please briefly describe your driving experience, including any competition schools, and list the dates of your three most recent events, and your average lap times if you know them (be honest). If available, please attach a driving resume:

Medical Form - Race License Applicants Only

All racers must have a current medical evaluation according to the following schedule, by age:

Under 40 – every 5 years; 40 to 49 – every 3 years; 50 to 59 – every 2 years; 60 and up - every year

- My Medical Evaluation Form is attached
- My Medical Evaluation is current and on file
- N/A

Applicant Signature

Date