

IAMO PULLERS
2008 MEMBERSHIP FORM

(Please print)

Member Name: _____

Address: _____

City: _____

State/Zip Code: _____

Phone: _____ Cell (optional) _____

E-mail Address: _____

Date of Birth: _____ Social Security# _____

Vehicle Information
(Only one vehicle per sheet please)

Division Pulled: _____

Type of Vehicle: _____ Year _____ Make _____

Name of Vehicle: _____

The above listed IAMO Member hereby attests that he/she will not operate any pulling vehicle while under the influence of alcohol at any IAMO sanctioned event.

Member Signature: _____

Date: _____

Driver/Member Fee: \$100.00 Vehicle Membership Fee: \$50.00
(Paid by: Cash _____, Check _____, Check # _____) (Vehicle Number _____) (IAMO)
Mail to: IAMO Treasurer, 13948 Shadow Way, Greentop, MO 63546

2007 Class Points Champions do not pay Vehicle Membership Fee