

MAINE ☆ MOTOCROSS ☆ SERIES

695 Woodman Hill Road, Minot, Maine 04258 ★ 207-346-6200 ★ www.mainemotocrossseries.org

Membership Application

ALL MMS MEMBERSHIPS ARE VALID FROM JAN. 1 TO DEC. 31

- Please fill out this form completely and send it back with **your check or money order** made out to the MMS or we accept VISA or Mastercard. (See page 2 of this form.)
- **To retain** your current MMS number, fill it in below & return application by **February 28, 2010.**
- **NEW MEMBERS MUST SUBMIT A COPY OF THEIR BIRTH CERTIFICATE OR LICENSE.**

PLEASE PRINT CLEARLY

FIRST NAME	MI	LAST NAME	MEMBER I.D.
ADDRESS			
CITY	STATE		ZIP
DATE OF BIRTH	AGE	HOME PHONE	
E-MAIL ADDRESS		CELL PHONE	
EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER
CLASS (A, B or C)	RIDER #	YEAR	BIKE BRAND
	2nd BIKE	YEAR	BIKE BRAND
		MODLE & CC	

Jacket Size: Youth **S M L XL** or Adult Men's **S M L XL XXL** (**circle one**)

If you rode at non-MMS events with a classification other than your MMS classification, please explain.

- FEES:**
- In advance, by mail: per rider.....\$60.00
 - o First additional memberships per household in advance, by mail.....\$50.00
 - o All other additional memberships per household in advance, by mail.....\$25.00
 - o **At the track, all yearly memberships.....\$75.00**
 - o Day Pass.....\$10.00

DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY.

<input type="checkbox"/> # Verified	<input type="checkbox"/> Membership Card	Paid \$ _____
<input type="checkbox"/> Entered in Comp.	<input type="checkbox"/> Registration Card	On _____
<input type="checkbox"/> Promo Pts. _____	<input type="checkbox"/> Copy of I.D.	Check # _____
<input type="checkbox"/> Promo Pts. _____	<input type="checkbox"/> Mechanic's Pass	
C.C. or cash		

The promoters and or the Maine Motocross Series (MMS) does not provide medical insurance coverage, each participant must provide his or her own medical insurance coverage.

By signing this form I am assuring that I agree to conform to and comply with all rules set forth by the MMS and promoting organizations. I hereby release the MMS, it's officers, members, agents, representatives and officials, all event officials, and all promoting organizations and their respective members, officers and officials, the owner(s) of the premises, or any officers thereof, and other riders and mechanics, from any and all liability, loss, damage, costs, claims and or causes of action, including but not limited to all bodily injuries and property damage arising out of my participation in any event sanctioned by the MMS, and I assume responsibility for all expenses for physicians, ambulances, hospitals and other medical expenses and any other loss or injury to me and or personal property which I may sustain by reason of my participation in any MMS sanctioned events.

REGARDLESS OF AGE, THIS FORM MUST BE NOTARIZED.

PRINTED NAME OF RIDER, IF MINOR, NAME OF PARENT PERSONALLY APPEARED BEFORE ME
SIGNATURE OF RIDER, IF MINOR, SIGN. OF PARENT RIDER SIGNATURE
DATE:
PRINTED NAME OF NOTARY
SIGNATURE OF NOTARY
STATE OF:
MY COMMISSION EXPRIES: / /

NOTARY
SEAL
HERE

**TO CHARGE YOUR MEMBERSHIP
ENTER YOUR INFORMATION BELOW**

\$ AMOUNT TO BE CHARGED
VISA OR MASTERCARD CIRCLE ONE
CREDIT CARD NUMBER
EXPIRATION DATE:
LAST 3 DIGITS ON BACK OF CARD:
NAME ON CARD
HOUSE NUMBER:
ZIP CODE:

