

America Deaf Auto Racing News

www.americadarn.com

Membership Application Form

Please complete the form and return along with third annual payment of \$20.00 to the address below. We expect our members will be a challenge to our new development. Thank you!

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

email Address: _____

VP number: _____

\$_____ and _____ person(s)

Signature: _____

Date: _____

Please write on your check with payment to USA Deaf Karting Club and mail to USA Deaf Karting Club, P.O. Box 179, New Hartford, CT 06057.