



USARM® Membership Application/Renewal
P.O. Box 127 Gilroy, CA 95021

Name: _____ T-Shirt Size _____

Address: _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone: _____ Alternate Phone: _____

Email: _____ Occupation: _____

Crew Experience: _____ # of Years _____

Specialties: Flag _____ Comm/Radio _____ Handler/Response _____ Grid _____

Emergency Medical Information

Birth Date: _____ Blood Type : _____

Medication Used: _____

Allergies : _____

Emergency Notification

Name : _____ Relationship: _____

Address : _____

Phone: _____ Alternate Phone: _____

USARM dues are \$25 and cover the calendar year, January 1-December 31. All new memberships received after October 31 will apply to the following year. Membership must be paid for in advance before any events are worked. Membership is to be paid to USARM and will **NOT** be taken out of any reimbursement a member receives for a weekend. All membership renewals/new memberships **MUST** submit a completed application with their current information (no matter how long you've been at your current address). Make your check/money order payable to USARM and mail to the address listed above.

I hereby apply for membership in the United States Auto Race Marshalls, and agree to abide by its bylaws. **You must be 18** to work on a corner/station at any event.

Type of Application: New _____ Renewal _____ Address Change _____ Update _____

Signature : _____ Date : _____

For USARM Use:

Date Received ____/____/____ Date Processed: ____/____/____

Membership Number: _____ Member Type: _____ Card Sent? Y___ N ___

Payment Type: Cash _____ Check # _____ Other: _____