



## 2011 Membership Application

Please complete the following application. Enclose a check for \$35 payable to ARMA and mail to 308 Schucks Road, Bel Air, MD 21015

**Dues are valid 1/1/11-12/31/11**

### Personal Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ (No P.O. Boxes)

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency Information:

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_ Personal Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

### Racing Information:

Racing Classes: \_\_\_\_\_

Mower Model(s): \_\_\_\_\_

