

APPLICATION FOR MEMBERSHIP

Date _____

I, _____ (please print) hereby apply for membership in the American Mule Racing Association, and if accepted, agree to abide by the rules and regulations governing the Association.

VOTING MEMBERSHIP (\$25)

(STREET ADDRESS)

(CITY) (STATE) (ZIP) (TELEPHONE)

(E-MAIL) (SIGNATURE)

(SOCIAL SECURITY NUMBER FOR 1099 CAL BRED EARNINGS)

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MEMBERSHIP EXPIRES DECEMBER 31, _____

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:
KATE PHARISS (916) 263-1529

PLEASE MAKE CHECKS PAYABLE TO:

AMERICAN MULE RACING ASSOCIATION

**Mail: 1600 Exposition Blvd.
Sacramento, CA 95815**

Email: ksnider@calexpo.com

THANK YOU FOR YOUR INTEREST.

PLEASE VISIT OUR WEBSITE AT
WWW.MULERACING.ORG