

# 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 (209) 256-4631

PLEASE MAKE CHECKS PAYABLE TO:

AMERICAN MULE RACING ASSOCIATION  
**Mail: 1600 Exposition Blvd.**  
**Sacramento, CA 95815**

**Email: [katephariss@gmail.com](mailto:katephariss@gmail.com)**

THANK YOU FOR YOUR INTEREST.

PLEASE VISIT OUR WEBSITE AT  
[WWW.MULERACING.ORG](http://WWW.MULERACING.ORG)