**2024 Membership Form**

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Member Signature & Date Board Signature & Date

▢ CQMA Associate Membership $130.00

 No voting rights, full access to facilities

▢ CQMA Full Family Membership $110.00

 Voting rights, full access to facilities, home track, must sign membership terms form

▢ Reserved Parking Space $100.00

 Electric hook-up

\*The USAC membership application is separate from the CQMA membership and should be completed and paid online.

Application Process:

1. Fill out completely online the USAC Point .25 Midget Family Competition License and make a copy to send with your CQMA membership.
2. Fill out the Parental Consent form for each driver on the USAC .25 Midget License Application.
3. Provide copies of birth certificates for each driver.
4. Make copies for your records.
5. The below CQMA membership forms can be mailed to the CQMA Secretary at:

Robin Null

6740 West Bath Rd

Perry, MI 48872

or emailed to capitolquartermidgets@gmail.com

Payments can be mailed to the CQMA Treasurer at:

Lauren Koerner

24104 Dartmoor Dr

Macomb, MI 48042

Please make checks payable to CQMA.

**Family Member Information**

**Legal Guardian (Parent):**

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

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: Email Address (please print clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Guardian (Parent):**

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

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: Email Address (please print clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Handler:**

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

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Email Address (please print clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver(s) and Other Children Information**

| **Full Name** | **M/F** | **Date of Birth** |
| --- | --- | --- |
| 1) |  |  |
| Novice: Yes / No |  | Driver: Yes / No |
| 2) |  |  |
| Novice: Yes / No |  | Driver: Yes / No |
| 3) |  |  |
| Novice: Yes / No |  | Driver: Yes / No |
| 4) |  |  |
| Novice: Yes / No |  | Driver: Yes / No |
| 5) |  |  |
| Novice: Yes / No |  | Driver: Yes / No |