

ncmasprints.com

Category (Please Check one)				
Owner/Driver - \$125.00				
☐ Pit Crew - \$65.00				
Associate (no voting privileges)- \$45.00				

New Members (Please Check one)
Owner/Driver - \$105.00 Pit Crew - \$45.00 Associate (no voting privileges) - \$25.00

Please Ma	2024 N.C.IVI.A Sp ake Check Payable to NCMA and mail with a	rints Membership pplication to:	Application		
	ested:2nd Choice if Reques	•	2023 Car #:		
•					
Mailing Add	ress:				
City:		State:	Zip Code:		
Date of Birth:Age:SSN		SSN (required for tax purposes)	I (required for tax purposes):		
Employer:		Occupation:			
Do you have personal medical insurance? Yes \square No \square		Insurance Provider:	Insurance Provider:		
		Subscriber Name:	Subscriber Name:		
Spouse's Na	ame:	Children's Names:	Children's Names:		
participate	eration of the Northern California Modified Asset in sanctioned events, to compete for prize not sporting events, I hereby grant to said NCM	noney or other remunerati	ions, and to enjoy participation in		
First:	All fees, salaries, or other remuneration, including a entertainment media derived from my activities as				
Second	d: The exclusive right to publish, sell, or use in any fas	hion, photographs of me or my	equipment without remuneration or notice to me.		
Third:	A complete and unconditional release on behalf of while participating in any sanctioned event.	myself and heirs, for any injuri	es to me, or any damage to my property, sustained		
As a cond	ition under which NCMA agrees to issue a m	embership to participate i	n sanctioned events, I affirm the following:		
First:	First: My participation in any sanctioned event will be on a voluntary basis, in which I will be acting solely for myself as an independent contractor. I will not act as an agent, servant, or employee of the NCMA, or any other person or organization if I participate in any event.				
Second	d: If, as a result of my voluntary participation in any sai independent contractor, and conclude all necessar		money or receive other remunerations, I do so as an		
Third:	NCMA does not provide Workers Compensation In	a voluntary participant in any sanctioned event, acting solely on my behalf as an independent contractor, I recognize the fact that MA does not provide Workers Compensation Insurance, Unemployment Insurance, Unemployment Disability Insurance, Federal I-Age Survivor Insurance, or any State or Federal Taxes.			
Fourth	As a voluntary participant in any sanctioned event, I and I freely assume this risk as a participant in any		of injury to my person and damage to my property,		
Agenda to	Application:				
	read and understand this application for a membership tand the application contains a general release to all pe				
I HAVE REA SIGNATUR REPRESEN LIABILITY A	AD AND FULLY UNDERSTAND THIS WAIVER AS A E ON THIS FORM OPERATES AS A COMPLETE RE	RELEASE OF LIABILITY AND ELEASE OF THE NCMA, TOGE BILITY. I FREELY AND WILLIN	be filed with the Northern California Modified Association INDEMNITY AGREEMENT. I UNDERSTAND THAT M' ETHER WITH ITS OFFICERS, DIRECTORS, OFFICIAL NGLY CONSENT TO THIS WAIVER AS A RELEASE OF BIDE BY ALL NCMA RULES AT ANY AND ALL		
Print Name		Signatu	ire Date		
NCMA Office	r/Official Signature	Ti	itle Date		