

(Date)

## **2018 KTPA Membership Application**

P.O. Box 905
Bardstown, KY 40004
502-680-0783 or 502-477-3047
<a href="mailto:ktpapulling@gmail.com">ktpapulling@gmail.com</a>
<a href="mailto:www.ktpa.webs.com">www.ktpa.webs.com</a>

Secretary to Complete:

\*Membership Fee is to be paid at or before the 1<sup>st</sup> hook of the season of the puller's class\*

\*Membership Amount is \$250 for all classes except SM2, which is \$450\*

	Please Circle You	Membership Paid On:	
	10,000 Hot Farm	Pro Stock 2WD	Wellbership Fald Oil.
	8,500 Pro Farm	Pro Stock 4WD	Amount Paid:
	6,000 Limited Light Super Stock	Super Modified 2WD	Alliount Palu.
	6,000 Light Hot Farm	Super Modified 4WD	Check No. If Applicable:
	Hot Rod Tractors	Super Stock 4x4	Check No. II Applicable:
	2.6 Diesel Trucks	4300 Light Pro Stock	
Name (	of Owner:		
	of Vehicle:		
Driver	or the Vehicle (if different from owner)	:	
	Possible Drivers:		
(MUST	be listed to drive vehicle)		
What n	name should the check(s) be made out	to?	
(For ta	x purposes. If it depends on the driver	, please state above)	
Jacket :	Size (Please Circle): S M L XL 2XL	3XL 4XL 5XL	
Mailing Address (for tax documents and information):			
	Security or Tax ID Number:		
-	provide or check(s) will NOT be award	-	
	of Person or Company for SSN/Tax ID a		
	Address:		
	check is you would like to receive you		
Phone	Numbers (Please include area code) Ho	ome:	_ Cell:
	ne MUST read and sign this statement		
	mber of the Kentuckiana Truck Puller's Ass		
	the current year rule book and to adhere to		
occurs, I will follow the steps outlined in the protest procedure to settle the matter. I also agree not to enter into litigation			
against KTPA, its officers, board of directors, fellow members, promoters, or tech officials. By signing, I am also stating that I			
have all safety items on my vehicle as described in the current KTPA rulebook. I take full responsibility for any accident caused from any false information given by my associates or me to KTPA.			
ITOIII aii	ly faise information given by my associates	or me to KTPA.	
(Date)	<del></del>	(Signature of Owner)	
(,		(10)	
Only Si	gn ONE of the Following!		
By my	signature, I hereby swear that I am run	ning an SFI approved flywheel c	on the vehicle that I own and/or am
driving			
		<del></del>	
(Date)		(Signature of Owner)	
By my	signature, I am stating that the SFI state	ement does not apply to the ve	hicle that I own and/or am driving.

(Signature of Owner)