



2019 KTPA Membership Application

P.O. Box 905
Bardstown, KY 40004
502-477-3047
ktpapulling@gmail.com
www.ktpa.webs.com

Membership Fee is \$250 for all classes

Please Circle Your Class:		Secretary to Complete: Membership Paid On: _____
10,000 Hot Farm	Pro Stock 2WD	
8500 Pro Farm	Pro Stock 4WD	Amount Paid: _____
6000 Light Limited Super Stock	Super Modified 2WD	Check No. If Applicable: _____
6200 Light Hot Farm	Super Modified 4WD	
Single Engine Modified Tractors	Super Stock 4x4	
2.6/3.0 Diesel Trucks	4300 Light Pro Stock	

Name of Owner: _____

Name of Vehicle: _____

Driver or the Vehicle (if different from owner): _____

Other Possible Drivers: _____

(MUST be listed to drive vehicle)

What name should the check(s) be made out to? _____

(For tax 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):

Social Security or Tax ID Number: _____

(MUST provide or check(s) will NOT be awarded)

Name of Person or Company for SSN/Tax ID above: _____

Email Address: _____

Please check is you would like to receive your KTPA information by email (tax info will still be mailed) _____

Phone Numbers (Please include area code) Home: _____ Cell: _____

Everyone MUST read and sign this statement to pull with KTPA:

As a member of the Kentuckiana Truck Puller's Association, here in after referred to as KTPA, I agree to abide by all rules set forth in the current year rule book and to adhere to the decision of the tech officials at the time. If a legitimate complaint 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.

(Date)

(Signature of Owner)

Only Sign ONE of the Following!

By my signature, I hereby swear that I am running an SFI approved flywheel on the vehicle that I own and/or am driving.

(Date)

(Signature of Owner)

By my signature, I am stating that the SFI statement does not apply to the vehicle that I own and/or am driving.

(Date)

(Signature of Owner)