



2024 Midwest Sprint Car Association Membership Application

Upon completion of this form please remit the form with the amount indicated to the MSA treasurer at one of the monthly meetings or at the following address:

Sheila Leamer
2203 S. 21st St.
Manitowoc, WI 54220

Driver Information:

Car number: _____ Name: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Email: _____

Cell Phone: _____ Birthdate: _____

First year in the MSA: _____ 2024 Rookie: _____ Yes _____ No

Payout information:

Name: _____

Address: _____

Social Security Number or Tax ID: _____

-----For Office Use Only-----

Method of payment: ___ Cash ___ Money Order ___ Check # _____

Received by: _____ Date: _____

Membership card number: _____ Membership card sent (date): _____

(over)

Membership dues are as follows: (Circle one)

Regular members: No Insurance - \$35.00 With Insurance - \$90.00

Drivers: \$125 (Includes mandatory insurance)

Team (1 driver & 4 crew members): \$250.00 (Includes mandatory insurance for driver). Add \$60.00 for insurance for each non-driver member (optional)

Team Member Name, Address & Email Address: _____

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Note: According to the MSA rulebook: *A driver must be a MSA member, and all fees must be paid in full prior to the driver's meeting in order to receive MSA membership benefits.*