South-Eastern Crate Association: Mailing Address

Mailing Address: 1358 Wilkinsville Hwy Gaffney,S.C 29340

2017 Annual Membership Application

This application must be filled out completely and signed where noted. A membership application is not complete until this form is returned, along with payment and the signed "2017 South-Eastern Crate Association Adult or Minor Waiver and Release, Express Assumption of the Risk, Indemnity and Voluntary Consent Agreement." Membership is not granted or effective until it is accepted and issued by SECA in its discretion.

MEMBERSHIP FEES: Make all checks payable to SECA
____ ($100) Crate Late Model
____ ($60) Crate Sportsman
_____($60) 602 Modified

PLEASE PRINT CLEARLY

CAR OWNER NAME: _____
Driver Name:_____
Car # _____
Physical Address_____
City_____State_____Zip_____
Mailing Address_____
City_____State_____Zip_____ Home
Phone:_____ Cell Phone_____
Social Security Number_____
Email Address_____
Date of Birth_____ Age_____
Emergency Contact Info: Name_____ Phone:_____ Do you have insurance that would cover you if you were injured at a race_____
Company:_____
Checks to be made to whom:_____
****Please note we send updates and information by email only on a weekly basis. BE sure to fill in a CURRENT email address.**

_____ *Please deliver all membership materials, including payment in the form of a check made payable to "SECA" to the corporate mailing address listed at the top of this form.*

IN ADDITION TO THIS "2017 ANNUAL MEMBERSHIP APPLICATION," I HAVE READ, COMPLETED, AND SIGNED THE "2017 SOUTH-EASTERN CRATE ASSOCIATION ADULT [OR MINOR] WAIVER AND RELEASE, EXPRESS ASSUMPTION OF RISK, INDEMNITY AND VOLUNTARY CONSENT AGREEMENT," AND I ACKNOWLEDGE AND UNDERSTAND THAT I AM RESPONSIBLE TO READ, UNDERSTAND AND ABIDE BY ALL SECA RULES, REGULATIONS AND GUIDELINES THAT HAVE BEEN ISSUED BY SECA, AND WHICH MAY FROM TIME TO TIME BE ISSUED OR AMENDED.

_____ _____ _____
PRINT LEGALNAME **SIGNATURE** **DATE**