

**ASHLAND – BAYFIELD COUNTY RACING ASSOCIATION
MEMBERSHIP APPLICATION / MEMBERSHIP RENEWAL**

CHECK ONE New Member _____ Renewal Membership _____

Complete 1st 5 Lines Only

Name (Print) _____

Address _____

Phone # _____

Date of Application / Renewal _____

Signature _____

MEMBERSHIP DUES IS \$5.00

Date of Approval Meeting _____

ABC Raceway Representative Signature _____

Date Signed _____