

**Ashland-Bayfield County Racing Association  
Membership Application / Membership Renewal**

Check One:            New Member \_\_\_\_\_                      Renewal Membership \_\_\_\_\_

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Application / Renewal \_\_\_\_\_

Signature \_\_\_\_\_

**Membership Dues is \$5.00**

Date of Approval Meeting \_\_\_\_\_

ABC Raceway Representative Signature \_\_\_\_\_

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