

FULL/ASSOCIATE/DAY/STOCK MEMBERSHIP

MAIL TO: Illini State Pullers
PO Box 186
SOMONAUK, IL 60552-0186



REQUIRED INFORMATION FOR PRIZE MONEY PAYOUTS

www.IlliniStatePullers.com

Name _____

Mailing address _____

City _____ State _____ Zip _____

E-Mail _____

Home phone _____ Cell phone _____

Work phone _____ Spouse/Family member phone _____

All purse checks are to be paid to _____

Tax I.D. or Social Security Number _____

VEHICLE INFORMATION

(RULEBOOK ON ISP WEBSITE)

Vehicle name _____

Make _____ Model _____

Year _____ I have completed "Warrant of Clutch Components" Yes No

Engine _____ Transmission _____

Color _____ Sanctioned Weight _____

Driver's Name _____

One Class Per Membership

I will collect points in the CLASS: _____

FULL MEMBERSHIP DUES: *Before* April 15: \$150; *After* April 15: \$250

Check Cash (banquet only)

ASSOCIATE MEMBERSHIP DUES: *Before* April 15: \$50; *After* April 15: \$100

Check Cash (banquet only)

SANCTIONED CLASS DAY HOOK FEE \$30

Check Cash

**STOCK PULL MEMBERSHIP FEE: \$50
OR PER HOOK: \$10**

Check Cash

Date: _____

Signature: _____