



2010 Membership Form

\$55.00 Membership Fee Required

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home & Cell Phone # _____

E-Mail Address _____

Emergency Contact _____

Emergency Phone # _____

Health Insurance Company Name & Policy # _____

Sponsors _____

Bike Year/Manufacturer/Model/Engine Size: _____

Visa _____ MasterCard _____ Discover _____ Cash _____

Card # _____ Exp Date (mm/yy) _____

CSC #: _____

How did you hear about us?

(Circle Source(s): TV/Radio, Magazine/Flyer, Friend/Member, Other _____)

Competition Number

*****Letter Suffixes Will Not Be Allowed during the 2010 ESMRA Race Season*****

*****Competition #'s 1 through 10 are reserved for the previous year's SMX Open Points Leaders.*****

1st Choice _____ 2nd Choice _____ 3rd Choice _____

This is a release: do not sign it unless you understand its meaning and intent.

I hereby release and agree to hold harmless the Eastern SuperMoto Racing Association, LLC, its officers, staff, agents, sponsors, volunteers for, directors, officials, representatives, or employees from all liability, loss claims and demands that may arise from any loss, damage, or injury (including death, loss of limb, and or permanent disablement) due to involvement in, arising from, or in connection with an Eastern SuperMoto Racing Association, LLC organized event. By filling out this application, and agreeing to this release, I assume all risk and understand the danger to myself and property while participating in any Eastern SuperMoto Racing Association, LLC organized event. Involuntarily and in reliance upon my own judgment and ability assume all risk while at a racing facility and understand that as an entrant I am under no obligation to participate when I deem conditions to be unsafe or unfavorable. By my signature below, I understand the above release and agree to all terms listed there in. I also understand the dangers involved in the sport of motorcycle racing and performance riding on a closed course, and take final responsibility for my involvement. I am 18 years of age or older and I authorize Eastern SuperMoto Racing Association, LLC and or it agents to use my image in any and all print or electronic media.

Rider's Signature: _____ Date: _____

Signature of Parent/Guardian (17 yrs of age & younger): _____ Date: _____

Eastern SuperMoto Racing Association

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ESMRA Office Use Only:

- | | |
|---|--|
| <input type="checkbox"/> Added/Checked Memb List | <input type="checkbox"/> Added/Checked CM |
| <input type="checkbox"/> Added/Checked Zimbora List | <input type="checkbox"/> Printed Transaction Receipt |
| <input type="checkbox"/> E-mailed Confirmation | <input type="checkbox"/> Added YIM, AIM, GIM (If Applicable) |