



Insurance App Submitted: _____

Amount Paid: \$60.00

Paid to: _____

- Cash
- Cheque
- E-Transfer

2022 CMRO Membership Form

PLEASE print clearly and fill out entire form: email form and E transfers to CMROtreasurer@hotmail.com.

Name: _____ Name of Guest (Pit Pass): _____

Children's Names (Under 18):

1. _____

3. _____

2. _____

4. _____

Phone #: _____ Email: _____

Address: _____ Town: _____ Prov: _____ PC: _____

EMERGENCY CONTACT:

Name: _____ Phone #: _____

Vehicle Name: _____ Competition #: _____ Class: _____

Year: _____ Make: _____ Model: _____

By signing this form, I hereby agree to conduct myself in a safe and respectable manner, following the rules and regulations of the CMRO at all events. Photos and truck info may be used for CMRO promotional purposes.

Date: _____ Signature: _____