

MEMBERSHIP APPLICATION - 2012



MIDWEST SHRINE MOTOR CORPS ASSN

Steve Garten, Secy/Treas

,stevegarten@cableone.net

2909 Edmunt St Fargo ND 58102 Ph 701-238-1362

SHRINE _____ UNIT NAME _____

WHEELS ___ YR _____ Make/Model _____

Multi Wheel

Only----- Engine Specs _____

Top Speed _____ Weight _____ # _____ Classification _____ >>

2WhFthr -0 -199cc	Multi-Wh - Lt Wt - 0 -249#
2WhLtWt 200 -649cc	Multi-Wh - Med Wt 250# - 999#
2WhMed 650 -1199cc	Multi-Wh - Hvy Wt +1000#
2WhHvy +1200cc	"Showmanship Class" - All Sizes

CHECK We intend to compete this year in the Motorized Competition. Enroll the following members

DRILL FIELD _____ Approx # **OBSTACLE COURSE** **2WH SLOW RIDE** **Showmanship Ride**

Our Required brief field Announcement (History) is up to date. Enclosed is our updated version(See back for suggestions)

Approximately _____ members & guests will attend the Awards Breakfast.

We do not intend to compete this year in Motorized Unit Competition, but submit these members to support our MSMCA.

DUES ENCLOSED ----\$100 min/Unit @ \$15 U.S. per member up to \$300 maximum/Unit. -All members over 20 in Unit receive cards.

The submitting Officer endorsed below - Certifies that all below enrolled members are PAID CURRENT in your SHRINE

_____ # MEMBERS @ \$15 = \$ _____ (US) check enclosed. By _____ Date _____

(Past Presidents are Lifetime Members -No Dues)

OUR "MARKED" ROSTER IS ATTACHED -Most Units have a detailed member roster. Simply attach a clearly marked copy (officers, Past MSMCA Pres, and members you will to enroll) to this application form and ignore the following portion of this form. This saves errors in reading the hand printing.

1) First Representative (Title -Capt, Pres) _____ (Name -1st, Last) _____

(Street Address) _____ (City) _____ (State/Prov) _____ (Zip) _____

(HomePhone) _____ (WorkPhone) _____ (Cell) _____ (Email) _____

2) 2nd Representative (Title- VP, Lt, Secy) _____ (Name -1st, Last) _____

(Street Address) _____ (City) _____ (State/Prov) _____ (Zip) _____

(HomePhone) _____ (WorkPhone) _____ (Cell) _____ (Email) _____

Only the 2 Representatives will receive communications. DUES CARDS WILL BE ISSUED TO ALL MEMBERS

ADDITIONAL MEMBERS (Print LEGIBLY) (Mark your MSMCA Past Presidents -No Dues)

3.	12	21
4.	13	22
5.	14	23
6.	15	24
7.	16	25
8.	17	26
9.	18	27
10	19	28
11	20	29

