

MARINE PROP RIDERS 2018 Membership Application

Primary Member Name: (Required for drivers and MPR board members)			
Family Member Name(s): (non-voting member(s))			
Street Address:			
City:	State:	Zip:	
Home Phone #	Cell Phone #	<u> </u>	
E-Mail Address:			
	ly)		
RACE AFFILIATION: (Check All That Appl □Owner □Driver □Crew □Mechan		ia □Other:	
RACE AFFILIATION: (Check All That Appl Owner Driver Drew Mechan BOAT AFFILIATION:	ic □Official □Med		
RACE AFFILIATION: (Check All That Appl Owner	ic □Official □Med		
RACE AFFILIATION: (Check All That Appl ☐ Owner ☐ Driver ☐ Crew ☐ Mechan BOAT AFFILIATION: Class/Number: s the boat part of the vintage category? Yes	ic □Official □Med Boat Name:		

Checks should be payable to: Marine Prop Riders Mail application & payment to: 25999 Ballard, Harrison Twp, MI 48045