



2024 Fast Fridays Motorcycle Speedway

Racing Membership Application

Please fill out and mail with your membership dues to:

FAST FRIDAYS, PO BOX 122, AUBURN, CA 95603

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-Mail: _____

PHONE: _____ CELL: _____

BIRTH DATE: _____ OCCUPATION: _____

AMA NUMBER: _____ EXP DATE: _____ RIDER NUMBER: _____



**2024 FFMS
Racing Speedway
License Competition
Membership -- \$35
(COMPETITOR)**

Competition Membership
required to compete.



**2024 FFMS
Racing Speedway
License Supporter
Membership -- \$25
(MECHANIC OR PARENT)**

Competition Membership
required to compete.



**2024 FFMS
Racing Pee Wee
Speedway License
Membership -- \$15**

Competition Membership
required to compete.

\$35 Competition Membership: _____ \$25 Supporter Membership: _____ \$15 Pee Wee Membership: _____

Total Enclosed \$: _____

I understand that AMA and/or Fast Fridays Motorcycle Speedway cannot assume responsibility for any aspect of my safety. If I participate in any AMA Sanctioned event, I voluntarily assume all risks in my own assessment of my ability, the course and all facilities and conditions. I release and hold Fast Fridays harmless for any injury or loss to my person or property which may result there from. I understand that this means that I agree to not sue Fast Fridays Motorcycle Speedway for any injury to myself or my property.

Applicant Signature (required): _____ Date: _____

If using credit card for payment, please include the following information below.

Note: Service fee of 4% will be added to credit card charge.

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Address or email to send credit card receipt to, if not the same as above): _____
