

2019 ISMA ANNUAL
OWNER/DRIVER MEMBERSHIP



NAME _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP _____

TELEPHONE Home: () _____ Cell: () _____

Work: () _____

E-Mail _____ CAR NUMBER _____

PURSE PAYABLE TO: _____ Social Security # _____

As a member of the International Super Modified Association, I agree to abide by all rules and regulations now published or hereinafter modified. IN CONSIDERATION of the acceptance by I.S.M.A. of this application, I for myself, my heirs, next of kin, personal representatives and assigns, FOREVER RELEASE, REMISE and FOREVER DISCHARGE and AGREE TO HOLD HARMLESS AND INDEMNIFY I.S.M.A., the Officers, Directors, Agents, Employees, I.S.M.A. Officials and I.S.M.A. Members, of and from all liability, claims, actions and of possible causes of action whatsoever including negligence of any of the foregoing that may accrue to me or my heirs, next of kin and personal representatives, from every and any loss, damage and injury (including death) that may be sustained by my person and property while in, about, and enroute into and out of premises where I.S.M.A. sanctioned events or meetings are presented.

Furthermore, I am aware of the dangers of auto racing and assume all risks involved.

As an **owner and/or driver** my membership card will entitle me to discounts at tracks allowing rebates and give me the right to nominate for Board of Directors and vote for Officers and other I.S.M.A. issues. As an **owner**, if applicable, I will also be entitled to vote for Board of Directors, submit rule changes for consideration and vote on rules being considered.

Membership dues will be:	prior to December 31, 2018.	\$40.00 per person
	January 1, 2019 and after	\$50.00 per person

Date Signature

Please Remit To: ISMA
P.O. Box 5157
Oswego, NY 13126