



MEMBERSHIP APPLICATION

Please fill out and return signed copy of application to secretary@vinland.ca. Please EMT payment to treasurer@vinland.ca. Use EMT password "vinland"

I wish to apply for membership to Vinland Motorsport Inc. (hereafter called "the Club") and agree to be bound by the rules of the Club and its affiliations.

Name:

Address:

City/Town:

Province:

Postal Code:

Phone:

E-mail:

Type of Membership (Please Circle)

Please refer to Vinland Bylaws for membership descriptions

Single Membership - \$40.00

Family Membership - \$60.00

Emergency Contact Information

Name:

Relation:

Phone #:

Medical Disclosure

Please disclose any medical conditions for emergency purposes for event officials and emergency first responders. All information submitted to Vinland Motorsport Inc. will be held in confidence.

All club event participants will be required to wear helmets during all track sessions.

Approved helmet ratings: FIA 8860-2004 - FIA 8860-2010 - FIA 8859-2015 - Snell 2015 SA or 2015 M - Snell 2010 SA - 2010 SAH or 2010 M - SFI Foundation 31.1/2015 - SFI Foundation 31.1/2010, ECE R22.05/ECE 22.05

Signature:

Date: