

SMTTPA
Registration Form 2021

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Last Name First Name Middle Initial Spouse

Address City/Town State Zip Code

(____)_____ (____)_____

Message Phone Number Cell Phone Number

Vehicle Name: _____ Year _____ Model _____

- Class in which your vehicle will be pulling in
- | | |
|-------------------------------------|-----------------------------------------|
| _____ 6200 Hot Stock Trucks | _____ 6000 Pro Field Tractors |
| _____ 6200 Super Street Trucks | _____ 6000 Limited Super Stock Tractors |
| _____ 6200 Pro-Street Trucks | _____ 9200 Hot Stock Farm Tractors |
| _____ 6200 Pro-Stock 4 x 4 Trucks | _____ 9500 Pro-Field Tractors |
| _____ Work Stock Diesels | _____ 9500 Limited Open (Non-Sanc) |
| _____ Small Block Super Stock | _____ 11000 Hot Stock Tractors |
| _____ 6200 DOT 2-Wheel Drive Trucks | _____ Pro-Stock 2-Wheel Drive Trucks |

Will you be sharing Points on your vehicle with someone else? If so, this person must be membered as an Associate Member. Yes _____ No _____

IF YES: Please list the name of Associate Member you will be sharing points _____ (Associate membership 25.00)

Associate Address : _____

Associate Phone Number : _____

JACKET/ SHIRT SIZE FOR END OF YEAR AWARD : _____

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OFFICE USE: THIS PORTION TO BE FILLED OUT AT TIME OF PAYMENT

DATE PAID _____ CHECK _____ CASH _____

WHO YOU PAID _____ HOOK FEE : _____

HOW MANY DID YOU PAY FOR _____ FULL MEMBER: _____

HOW MANY CARDS ISSUED _____ ASSOCIATE FEE: _____

TOTAL DUES PAID _____