

Please mail form back by  
June 1, 2019 to  
5539 E. 2400 N. Rd.  
Fithian, IL 61844



**IPA  
Membership  
Form**

**Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
\_\_\_\_\_

**City, State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone (h):** \_\_\_\_\_

**Phone (cell):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**Membership:**

- |  |                  |
|--|------------------|
| <input type="checkbox"/> N/A               | <b>\$150.00</b>  |
| <input type="checkbox"/> Pro Farm          | <b>\$150.00</b>  |
| <input type="checkbox"/> LSS               | <b>\$150.00</b>  |
| <input type="checkbox"/> Outlaw            | <b>\$150.00</b>  |
| <input type="checkbox"/> Pro Stock 4x4     | <b>\$150.00</b>  |
| <input type="checkbox"/> Altered Stock 4x4 | <b>\$150.00</b>  |
| <input type="checkbox"/> LMR               | <b>\$150.00</b>  |
| <input type="checkbox"/> Diesel Truck      | <b>\$ 150.00</b> |
| <input type="checkbox"/> Old Skool         | <b>\$ 150.00</b> |
| <input type="checkbox"/> Farm Stock        | <b>\$150.00</b>  |
| <input type="checkbox"/> Associate Member  | <b>\$ 100.00</b> |

**Vehicle License:** **\$ 150.00**

**Name of Vehicle:** \_\_\_\_\_

**Name of Vehicle:** \_\_\_\_\_

**Total:** **\$** \_\_\_\_\_