

MEMBERSHIP APPLICATION

Dues: Number \$100 Driver \$100 (each driver)

MAKE CHECK PAYABLE TO: NW PRO FOUR TRUCK TOUR

TRUCK OWNER:			
DRIVER IF DIFFERENT:			
RETURNING NUMBER: REQUESTED NUMBERS PLEASE CHOOSE 3 IN ORDER:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:			
EMAIL:			
For Office Use Only:			
Member Number Approved: Dues Paid:	Date Paid:		
W-9 ON FILE: PAYN	MENTS MADE TO:		
Officer Signature:			
Name:	Position:	Date:	