



2019 Associate Membership Form

Please fill out form completely and enclose with check or money order in the amount of \$50.00 to:

*Nostalgia Drag Racing League
PO Box 734
Brownsburg, In 46112*

Member Information

- *Name:* _____
- *Address:* _____
- *City:* _____ *State:* _____ *Zip Code:* _____
- *Phone:* _____
- *Email:* _____
- *Member T-Shirt Size:* _____ *(Black or White)* _____
- *Team Association:* _____

Membership Includes:

Member T-shirt

Membership Card

NDRL Decals

Championship Banquet Dinner