



# BAKERSFIELD TRACK CLUB

P.O. Box 22705 · Bakersfield, CA 93390-2705

## 2017 - 2018 MEMBERSHIP

Valid through 5/31/18

Payment Type: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Membership Type: \_\_\_\_\_ Individual \$25.00 \_\_\_\_\_ Family \$35.00

Name - Last: \_\_\_\_\_ First: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

-----FOR FAMILY MEMBERSHIP-----

Spouse:

Name - Last, First: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_

Child (Under 18):

Name - Last, First: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_

Child (Under 18):

Name - Last, First: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_

Child (Under 18):

Name - Last, First: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_

THANK YOU FOR JOINING!  
YOU WILL BE EMAILED THE MEMBERSHIP DISCOUNT CODE  
501(c)(3) Non-Profit Corporation