



## NYMCRA Membership

**New or Renewal** Please circle one      **Date** \_\_\_\_\_  
For renewal, please provide name and any information that has changed.

**Last Name** \_\_\_\_\_      **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_      **City** \_\_\_\_\_      **State** \_\_\_\_\_      **Zip** \_\_\_\_\_

**Country** \_\_\_\_\_      **Province** \_\_\_\_\_      **Postal Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_      **Email** \_\_\_\_\_

Please list only the names of others in family or household who participate in the NYMCRA Points series.

1. \_\_\_\_\_      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Do you want your address, phone number, email address shared with other NYMCRA members?**      **Yes / No**      **Circle one**

Dues: Check appropriate box

☐ Adult / Family      \$20 USD

☐ Race Sponsor      \$25 USD

☐ Youth- less than 18 years      \$5 USD

☐ Advertiser, for details email [nymcra@nymcra.org](mailto:nymcra@nymcra.org)

Race Name \_\_\_\_\_      Date \_\_\_\_\_

☐ Additional Races \$5 USD each

Race Name \_\_\_\_\_      Date \_\_\_\_\_

Race Name \_\_\_\_\_      Date \_\_\_\_\_

Total \$ \_\_\_\_\_

US Funds only – Check payable to NYMCRA, Inc.

Questions? Contact: Kim Greiner, Membership Chair

Mail To: NYMCRA  
Attn. Kim Greiner  
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Esperance, NY 12066