



# Texas Truck & Tractor Pullers Association Membership Form 2022

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Business: \_\_\_\_\_  
 In Case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Checks Payable to: (If different from above) \_\_\_\_\_  
 Number that will appear on 1099 Form: SS#: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

- \_\_\_\_\_ Membership Dues – \$200.00 membership plus \$150.00 = \$350.00 **(If postmarked by March 1, 2022)**
- \_\_\_\_\_ Non-Competing Membership – \$150.00 by March 1, 2022; \$180.00 if after March 1, 2022
- \_\_\_\_\_ Membership Dues – \$380.00 **(If postmarked after March 1, 2022)**
- \_\_\_\_\_ Competing Member – \$100.00 **“Per Event/Per Vehicle/Per Night” (Daily Membership) No Points Awarded to Competing Member**

**Make Checks payable to TTTPA:** TTTPA  
 P.O. Box 616  
 Ballinger, TX 76821

I, \_\_\_\_\_, as a competing member, guarantee that my competition vehicle meets all safety requirements as defined in the 2022 TTTPA rulebook. I guarantee that my cage on my vehicle is SFI approved or my cage will support the weight of my competition vehicle in the event of a rollover.

### Release and Waiver of Liability and Indemnity

I hereby release, waive and covenant not to sue the TTTPA Association, its elected Board Members, Tech Inspectors, Individual Members and volunteer Workers assisting in Sanctioned TTTPA events from or for any and all liability to me for losses or damages for bodily injury, death, damage to my property from any results from any TTTPA event during the actual sanction period.

I assume full responsibility for and risk bodily injury, death or damages to my property due to negligence of releases or otherwise while in or upon the restricted area and while competing, observing or any other purpose for participating in the sanction event.

I expressly acknowledge and agree that the activities of the sanction event are dangerous and involve the risk of serious injury, death, or damages to my property and further expressly agree that the foregoing Release Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is being conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Signature of Competitor **(DO NOT SIGN UNTIL IN FRONT OF NOTARY)** \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT COMPLETELY, NOTARIZED AND SIGNED TO BE VALID.**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed in my presence and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Notary Public \_\_\_\_\_ Expiration Date \_\_\_\_\_