



Texas Truck & Tractor Pullers Association Membership Form 2024

TTTPA USE ONLY

Amount Paid: _____

Date Paid: _____

Payment Type: _____

Pass Numbers: _____

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 – \$250.00 membership plus \$150.00 = \$400.00 **(If postmarked by March 1, 2024)**
- _____ Non-Competing Membership – \$200.00 by March 1, 2024; \$230.00 if after March 1, 2024
- _____ Membership Dues – \$430.00 **(If postmarked after March 1, 2024)**
- _____ 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 2024 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