



License & Membership Form

- I need to purchase Only a membership (\$45 for 365 days)
 Only a license (\$85 till 12/31)
 Both a membership **and** a license (\$130)

Name	
Email	
Address Line 1	
Address Line 2	
City	
State	
Zip	
Primary Phone	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work

If getting a rally license also complete this section.

Date of Birth	/	/
<input type="checkbox"/> I understand that I need a current valid medical form on file to race		

Either attach payment to this form, supply credit card information below, or pay online.

Optional Credit Card Payment:

Visa/MasterCard #	-	-	-
Expiration			
Security Number: (3 or 4 digit)	Billing zip code:		

I hereby authorize NASA to charge my credit card list above for the amount of \$_____

Signature: _____