

2025 MSTPA Driver / Vehicle Membership

Driver Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Birth date _____ SSN _____

Checks payable to driver: Y or N (if no answer next question)

Event checks and points checks get made out to: _____

and the SSN or EIN is _____.

Vehicle Name _____

Year _____ Make _____ Model _____

Primary Class Name _____

The undersigned guarantees that my completion vehicle meets or exceeds all MSTPA safety requirements as outlined in the MSTPA rule book for all classes this vehicle will pull in. Permission is granted to MSTPA, its sponsors and assignees to publish, broadcast, or otherwise decimated any and all names and pictures of member and/or vehicle to facilitate the advertising, promotions, and publicity of publications authorized by the Missouri State Tractor Pullers Association.

Signature of driver and/or owner _____ Date _____

State of _____ County of _____

Signed in my presence and sworn before me this _____ Day of _____,
20_____.

Notary Public _____

My Commission Expires: _____

Driver Membership: All year - \$60

Vehicle Membership:

Jan 1 – April 1 - \$150

After April 1 - \$200

** \$60 for each additional vehicle year long

Checks payable and return to: MSTPA; 602 Jackson Ave, Archie, MO 64725