

VARAC Membership Form 2023

If also applying for a VMC license, a current medical form must be submitted. Any medical form that includes a physician's signature attesting that you are medically fit to compete in motorsports is acceptable. A recent passport-type photo must also be supplied (unless one is already on file).

| Date Submitted: | | | | | |
|---|-------------------|-------------------------|---------------------------------|----------------|---------|
| First Name | Last Name: | | | | |
| Address: Postal Code: | | | | | |
| City: | Province: | | | | |
| If out of Canada, ple | ase indicate s | tate / zip code / coun | try: | | |
| Home Phone | | Cell P | hone: | | |
| Work Phone: | | Work | Ext: | | |
| Email Address: | | | | | |
| | | | | | |
| | VARA | C Membership & | Licence Information: | | |
| This Membership is : NEW MEMBERSHIP Renewal Member Since: | | | | | |
| Current race license | issued by: | | | | |
| No current race licen | se - list accre | dited School: | | | |
| Accredited race school completed: DATE of Completion: | | | | | |
| I am interested in pa | rticipating in th | ne VARAC Yahoo Ch | at Group | | |
| Interested in contribu | uting to VARA | C online content ("Pit | Signals","Vintage Racer",Pres | s Releases | etc) |
| I would like to be cor other members | ntacted for ass | sistance in getting sta | rted with VARAC and being int | roduced to | |
| The personal contact members as a mean | | | s form can be made available to | o other VAR | RAC |
| | | | | | |
| RACE CAR INFO | RMATION | | | | |
| | YEAR | MAKE | MODEL | RACE NUMBER | , GROUP |
| | | | | | |

^{*} If you are a new member or are registering a new car that requires a new race number, email: Membership@VARAC.ca IF SUBMITTING BY MAIL, PLEASE SEND CHEQUE AND THIS FORM PRINTED TO:
GAVIN IVORY 10539 Community Centre Road, Baltimore, ON, K0K 1C0