

ROCKY MOUNTAIN VINTAGE RACING, LTD.

APPLICATION FOR COMPETITION LICENSE

Note: This application is intended for those with prior racing experience who are new to RMVR and plan on racing regularly with us as a member. If you plan on gaining your Competition License by attending the RMVR Spring Drivers' School, please use the Drivers' School Packet (avail. on website) rather than this application. For our events, guests with a valid competition license from other VMC clubs, that will suffice and there is no need to apply here. Simply provide your current competition license info when you enter our event. Current RMVR members with a valid competition license need not apply — your license will be re-issued if your membership is renewed and your medical is current.

Please print and supply all information:

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phones: Home (____) _____ Office (____) _____ Cell (____) _____

E-mail address _____ Date of Application: _____

Are you currently an RMVR member in good standing? Yes _____ No _____

If "No", please also submit the enclosed Application for Membership and mail check and application as noted.

Have you ever had an RMVR Competition License? Yes _____ No _____

If "Yes", the year the License Expired: _____ Number of years Held: _____ License #: _____

Have you had a valid Competition License(s) from a racing organization? Yes _____ No _____

If "Yes", what club(s): _____ License # and expiration date(s): _____

Has your Competition License been revoked or suspended? Yes _____ No _____

If "Yes", when and the reason: _____

Do you have a current medical exam on file with RMVR? Yes _____ No _____

If "Yes", the medical date of that medical exam was: _____

If "No", you will need to also submit a completed medical form (available on the website)

Please list any Racing Schools you have attended and when: _____

Please list all racing experience, including club racing, and types of cars raced: _____

Date of last race or competition: _____

NOTE: Completion of this application does not automatically grant a Competition License. After submitting this application, all requirements for an RMVR Competition License, as detailed in RMVR Rules & Regulations, must be met. Also, a **current RMVR membership and medical exam are required to pursue an RMVR Competition License.** Please visit www.rmvr.com for further information. Or direct email questions directly to the RMVR Chief Driving Instructor at driving-instructor@rmvr.com. **Return this**

application to:

Lynn Fangue, Chief Driving Instructor
3960 S. Jason Street
Englewood, CO 80110

ROCKY MOUNTAIN VINTAGE RACING, LTD.
MEMBERSHIP APPLICATION

Are you a **New Member**? Or is this a **Renewal**?
(New Members—If you join after October, your membership extends through the following year.)

Please print and supply all information:

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phones:

Home (____) _____ Office (____) _____ Cell* (____) _____

* We are no longer going to list FAX numbers in the roster. Please supply your cell phone if desired.

E-mail address _____

Newsletters are costly to mail. Help keep RMVR fees low by foregoing a mailed copy. Instead, you will receive a timely email each month alerting you when the most recent issue is available on **www.rmvr.com**. Then simply click on the email link to the club's website to read or print it.

To **forego a mailed copy** of the club's monthly *Messenger* newsletter,
Check this box

If you'd like to volunteer next year, please indicate what area(s) would be of interest to you and/or your spouse: Pit & Grid, Registration, Event Chair, Flagging & Comm., Driving Instructor, Tech Inspector, Advertising, Publicity, Social Events, Event Steward, Event Articles, Photographer, Timing & Scoring, or any other chore.

Yes, please have someone contact me about helping with _____

Dues are \$75 payable to "RMVR." Please mail to:

RMVR
32024 Snowshoe Road
Evergreen, CO 80439

Please visit www.rmvr.com for further information on RMVR.

(To submit race cars for eligibility or for Medical form, please see the website)

For Office Use Only: Date Received: _____ Check #: _____ Total Amount: _____

This member has also applied for a competition license.

Please assign a "Provisional" license number _____ pending CDI confirmation of exact status.