

Renegade Pullers Association

Membership Application:

Single: Family:

Primary Member: _____

Additional Member 1: _____

Additional Member 2: _____

Additional Member 3: _____

Address for Primary Member:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ *Cell Phone: _____

Email: _____

*** Cell phone or other number to be used incase of cancellation or other last minute emergency.**

Only to be fill our IF paying yearly insurance on tractor!

Tractor Name 1: _____ Insurance:

Tractor Name 2: _____ Insurance:

Tractor Name 3: _____ Insurance:

Tractor Name 4: _____ Insurance:

Tractor Name 5: _____ Insurance:

Single Membership: \$10 *Family Membership: \$25 Insurance: \$40

All rates are per calender year. *Family membership includes up to four people. Insurance is per tractor.

Total Due: _____

Completed By: _____ Date: _____

Approved By: _____ Date: _____

Mail to: Anna Wise - 1103 E 1768 Rd Lawrence Ks 66046