## MEMBER INFORMATION FORM

Truck Name & Number:	Driver – Personal Information:
Website:	City and State of Birth:
	Career Highlights:
Truck Owner:	
Name:	
Spouse Name:	
Street Address:	Monster Truck Information:
City, State, Zip:	Make: Model:
Phone:	Year: Color:
Cell Phone:	Engine:
Fax:	Tire Size & Manufacturer:
Email:	Weight: Frame:
Truck Driver: (if other than owner)	Transmission:
Name:	Vehicle Inspection Date:
MTRA License # and expiration date:	
Spouse Name:	Other:
Street Address:	Tractor Trailer Information:  Length:Height:
City, State, and Zip:	Paint: Custom Standard
Phone:	Living Quarters: Yes No <b>Sponsors:</b> (In order of importance)
( )	
Cell Phone:	
( )	
Fax:	
Email:	
<b>————</b>	Miscellaneous:
Crew Members:	Do you have novelty items? Yes No

Please attach MTRA Drivers Medical Info Form: