

Missouri State Tractor Pullers Association Membership & Safety Certification

Name _____ Address _____
City _____ State _____ Zip _____
Home Phone _____ Other Phone _____
E-mail Address _____
Birth date _____ SSN _____

The undersigned guarantee that my completion vehicle, described as a
Year _____ Make _____ Model _____
Name _____ 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 owner _____ Date _____

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

Notary Public _____

My Commision Expires _____

Type of Vehicle _____

Classes Pulled _____