



# American Muscle Tractor Alliance 2025 Season Membership

Primary Driver Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Additional Driver Name: \_\_\_\_\_

Vehicle Class: \_\_\_\_\_

Vehicle Year, Make & Model: \_\_\_\_\_

Additional Vehicle Year, Make & Model: \_\_\_\_\_

## MEMBERSHIP FEES

**Before Jan 31st**

\$75 per vehicle

\$75 per driver

**Between Feb 1-March 10**

\$100 per vehicle

\$100 per driver

**After March 10**

\$125 per vehicle

\$125 per driver

Total Amount Enclosed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check out to VTPA. Mail payment and this completed form to:

American Muscle Tractor Alliance  
P.O. Box 91947  
Louisville, KY, 40291