

2025 Membership Application

Please send application to:

Annual Membership Fee:

\$100.00 paid or post mark on or before March 1st

\$132 Rabbit Trail Road

\$150.00 after March 1st

MSPA classified the vehicle as a member

Please Mark an X by your class: For Secreta			ry Use Only:
SM2WD TRUCKS	PS4WD	Amount Paid	
LLSS TRACTORS	SF TRACTORS	Date	
LSS TRACTORS	SM4WD	Cash or Check#	-
LPRO TRACTORS	MINI ROD TRACTORS		
PS DIESEL TRUCKS			
ALL MSPA Information	will be mailed to this address		
Vehicle Name			
Vehicle Make/Model/ D	Description:		
Driver Name:		Date of Birth	
*Mailing Address:			
City:	State:	Zip:	
Contact Phone:	Does this numbe	r receive text messages:Yes	_NO
Email Address:			
Jacket Size (Please Circl	e One): Men: S M L XL 2XL 3XL 4XL !	5XL Women : S M L X	
Name Event Checks are	to be made out to:		
(Please submit a W-9 Fo	orm with this application for the abo	ve individual)	
Additional Driver Name	(if applicable):	Date of Birth	
Additional Driver Addre	ss (if different than above):		
City:	State:	Zip:	_

Jacket Size (Please Circle One): Men: S M L XL 2XL 3XL 4XL 5XL Women: S M L XL