

YEAR 2008 COMBINED DISTRICTS KART CLUB INC.

MEMBERSHIP APPLICATION

I, being the person whose personal details are as follows, hereby apply for membership of the above named incorporated association for the period of 12 months. In the event of my admission as a member I agree to be bound by the rules and regulations of the association for the above period.

Renewal
 New Membership (Tick applicable)

Please print all details

FULL NAME

FULL ADDRESS

SUBURB P.CODE

OCCUPATION

PHONE (H)
 PHONE (W)

MOBILE DATE
 /
 /

E Mail Address

Signature _____

MEMBERSHIP FEES (Please tick type of membership required)

- SENIOR MEMBERSHIP \$60.00
- JUNIOR FAMILY MEMBERSHIP \$60.00
Eg One Midget, Rookie or Junior license holder plus one parent or guardian
- FAMILY MEMBERSHIP \$100.00
Eg Two or more license holders and family

FAMILY AND JUNIOR MEMBERSHIPS (List family members)

NAME OF APPLICANT	Race Class	D.O.B	LIC NO.	MBR NO

OTHERS	Race Class	D.O.B	LIC NO.	MBR NO

Credit Card Payment Details

Name on Credit Card Type Of card Expiry date

Card Number

Amount \$

Office use only
 Receipt Number Date...../...../.....cash /cheque / card

ALL APPLICATIONS FOR MEMBERSHIP UNDER 18 YEARS OF AGE MUST BE MADE IN THE NAME OF ONE PARENT OR GUARDIAN

Return completed application forms to: The Secretary,
 Combined Districts Kart Club Inc.
 P.O. Box 608 St Mary's 1790