

# 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  /  /

Join/Renewal Date:

Expiry Date:

E Mail Address

Signature \_\_\_\_\_

MEMBERSHIP FEES (Please tick type of membership required)

SENIOR MEMBERSHIP \$60.00 inclusive of GST

JUNIOR FAMILY MEMBERSHIP \$60.00 inclusive of GST  
Eg One Midget, Rookie or Junior license holder plus one parent or guardian

FAMILY MEMBERSHIP \$100.00 inclusive of GST  
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** - \$2 service fee applicable

Name on Credit Card	Type Of Card	Expiry date	
Card Number			
Amount	\$	CCV No	

Credit Card & EFTPOS payments can be made over the phone by contacting Lilian on 02 4773 8578

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 forms to: Lilian Stones, CDKC, P.O. Box 608 St Marys 1790 or email: lilian@stoneskartsport.com.au

Direct Deposit Details (Westpac) - Acct Name Combined Districts Kart Club; BSB: 032-273 Acct No: 227370

For Direct Deposits please send remittance advice in with completed form