

SuperKart Club WA Inc

mail:superkartclubwa@gmail.com

Club Membership Application Form

| *Name: | | Date of Birth: | / / |
|--|--------------------------|--------------------------|----------------|
| *Address: | | | |
| | Post Code: | | |
| Mobile: | Home: | Work: | |
| *Email: | | _ | |
| *Emergency Contact: | Relationship: | Phone: | |
| Schedule of Fees (tick your prefere | nce) | | |
| Fina | ancial Year Gold: \$300 | Gold F | Renewal: \$100 |
| Fina | ncial Year Silver: \$100 | Silver F | Renewal: \$100 |
| One Singl | le Event Licence: \$25 | Kart number pre | ference: |
| I agree to abide by the rules, of WA Inc and herewith tend | = | • | |
| (Guardian to sign if driver under 18yrs or a | age) | | |
| Signed: | | Dated | : |
| Race Class preference: (tick) | | | |
| 250 International | 250 | National: | |
| 125 Gearbox | 125 Non | Gearbox | |
| Tick membership payment-met | hod: Cash: | Direct D | eposit: |
| SuperKart Club WA Inc. banking de | etails: BSB: 016 | 002 Acc. No | o: 9028 56975 |
| | *Please quote s | urname and initials on E | FT |
| CLUB USE ONLY Application Received: | Payment Received | d: Club offi | cial Initials: |

Revision: September 2023 *Required field