



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 preference)

Financial Year Silver: \$100 ☐

Silver Renewal: \$100 ☐

One Single Event Day Licence: \$35 ☐

Kart number preference: ☐

*As a condition of continued membership, I agree to abide by the club rules, motor sport event regulations and codes of conduct of SuperKart Club WA Inc and herewith tender the following as my membership subscription.

Initials

*Documents and club constitution is available for view and download from www.skwa.org
(Guardian to sign if driver under 18yrs or age)

Signed: _____

Dated: _____

Race Class preference: (tick)

250 International ☐

250 National ☐

Open Performance ☐

125 Gearbox ☐

125 Non Gearbox ☐

Tick membership payment-method:

Cash: ☐

Direct Deposit: ☐

SuperKart Club WA Inc. banking details:

BSB: 016 002

Acc. No: 9028 56975

*Please quote surname and initials on EFT

CLUB USE ONLY

Application Received: _____ Payment Received: _____ Club official Initials: ☐