

Membership Application

For Official Use Only	
Date pd. _____	Check # _____
Birth Cert. on file: Yes	No
BC letter sent date: _____	

Membership Type – Check one

_____ Family - \$50.00
(All must reside at same address)

_____ Driver - \$25.00
(Single person)

_____ Associate - \$15.00
(Single person)

1. Driver Name: _____ D.O.B.: _____

Kart #: _____ Class/Classes: _____

2. Driver Name: _____ D.O.B.: _____

Kart #: _____ Class/Classes: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home # () _____ - _____ Cell # () _____ - _____

Email Address: _____

Additional Family Members

1. Name: _____ D.O.B.: _____

2. Name: _____ D.O.B.: _____

3. Name: _____ D.O.B.: _____

4. Name: _____ D.O.B.: _____

Driver Profile

Driver Nickname: _____

Make of Kart: _____ Engine by: _____

Sponsors: (List Businesses or Individual Names)

Please attach a copy of a Birth Certificate for each Driver under the age of 18.