

Adirondack Karting Association Inc.
P.O. Box 2204 Ballston Spa, NY 12020

Membership Application

For Official Use Only		
Date pd. _____	Check # _____	
Birth Cert. on file:	Yes	No
Waiver(s) on file:	Yes	No

***** Early Bird Membership Opportunity***
Subtract \$10.00 from price options below!
Must be received by December 10, 2011**

Membership Type – Check one

_____ Family - \$55.00
(All must reside at same address)

_____ Driver - \$30.00
(Single person)

_____ Associate - \$20.00
(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 *(All must reside at same address for Family Membership benefits)*

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

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

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

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

**PLEASE ATTACH A COPY OF A BIRTH CERTIFICATE
FOR EACH DRIVER UNDER THE AGE OF 18.**

Driver Profile – Info to be used by announcer and published in our 1st Annual AKA Yearbook.

Driver Nickname: _____

Make of Kart: _____ Engine by: _____

Sponsors: (List Businesses or Individual Names)

