



MEMBERSHIP APPLICATION

1 April 2018—31 March 2019

NEW RENEWAL

Indemnity and Declaration

This is to certify that I/we the undersigned, submit this application to become a member of the Tokoroa Kart Club Inc, and to compete in the clubs race and practice days at the Amisfield circuit Tokoroa. I/we hereby agree to indemnify the associations known as the FIA, the CK, the MSNZ Inc, Kartsport NZ, MNZ Inc, all sponsors and all other members, officials, officers, assistants or helpers of any of the named or known organisations, against any injury or accident to myself, or any damage to my kart or equipment, whether in practice or competition.

I/We hereby declare I/We are fully conversant with current Kartsport New Zealand and Tokoroa Kart Club rules governing Kart racing. That my kart and driving apparel will be presented for examination to the standard and specifications required and that I will abide by all Tokoroa Kart Club and Kartsport NZ rules and any supplementary regulations which apply and the directions of the Stewards of the day without losing my right of appeal as per the rules.

I consent to the collection of the details below by Tokoroa Kart Club for the purpose of a membership record and for Tokoroa Kart Club to retain and disclose these to Kartsport NZ, SPARC, funding agencies and sponsors.

I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993

MEMBER DETAILS (Please print clearly)

FAMILY NAME: _____

ADDRESS: _____

PHONE: Home _____ **Mobile:** _____

Email: _____

1 Name: _____ **D.O.B (Juniors only)** _____ **Racing No** _____

Racing Class _____ **SIGNATURE** _____

2 Name: _____ **D.O.B (Juniors only)** _____ **Racing No** _____

Racing Class _____ **SIGNATURE** _____

3 Name: _____ **D.O.B (Juniors only)** _____ **Racing No** _____

Racing Class _____ **SIGNATURE** _____

4 Name: _____ **D.O.B (Juniors only)** _____ **Racing No** _____

Racing Class _____ **SIGNATURE** _____

PARENTS/GUARDIANS: Persons under 18 years must have parent/guardian confirmation of this application and indemnity, and must always be under the supervision of a person over 18 years during all private practice, official practice and competition.

NAME OF PARENT/GUARDIAN _____ **SIGNATURE** _____

Thank you for your membership and payment. Your contribution is very valuable in keeping our excellent facility in top running order for now and in the future.

A Family Membership comprises of family members all living at the same address, eg, Mother / Father / Son / Daughter. Please list each family member above, even if it a social membership. Every member [including social] has voting rights [except minors] so it is important to list each members name above.

<input type="checkbox"/> FAMILY MEMBERSHIP:	_____	\$70.00	\$ _____
All living at same address			
<input type="checkbox"/> SENIOR COMPETITOR	_____	\$60.00	\$ _____
<input type="checkbox"/> JUNIOR COMPETITOR	_____	\$50.00	\$ _____
<input type="checkbox"/> SOCIAL MEMBERSHIP	_____	\$25.00	\$ _____
Any non driving			
<input type="checkbox"/> TRACK KEY FEE	_____	\$50.00	\$ _____
TOTAL FEES ENCLOSED:		\$	_____

Internet banking preferred - ANZ Tokoroa 01-0461-0121788-00. Please put your name as a reference.
If you must send a cheque, make payable to Tokoroa Kart Club Inc.

**PLEASE POST TO The Treasurer: Tokoroa Kart Club, PO Box 791, Tokoroa
OR scan and email to g.hoskins@xtra.co.nz**

OFFICIAL USE ONLY: Date: _____ **Card No's :** _____ **Key:** _____ **Posted:** _____