

2008 Tri State Kart Club Membership Application

Membership period is from January 31, 2008 to January 31, 2009

\$40.00 Annual Membership Fee **Membership Renewal:** **New Membership:**

MASTER MEMBER INFORMATION

Last Name: _____ First Name: _____ M.I. ____
Address: _____
City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____ Sex (M/F): ____
Spouse F. Name: _____ Primary Health Insurer: _____
TSKC Member Since: _____ TSKC membership Number: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail Address: _____

ADDITIONAL RACING FAMILY MEMBERS

Master member's children under 18 years of age. Birth Certificates are required for minors.

1) Name: _____
Birth Date: _____ Age: _____ Sex (M/F): ____
Relationship: _____ Racing Class: _____
2) Name: _____
Birth Date: _____ Age: _____ Sex (M/F): ____
Relationship: _____ Racing Class: _____
3) Name: _____
Birth Date: _____ Age: _____ Sex (M/F): ____
Relationship: _____ Racing Class: _____

Club duties that you or a family member may be interested in joining:

___ Banquet Committee ___ Race Director ___ Scorers ___ Pit Steward ___ Announcer
___ Tech Committee ___ Rules Committee ___ Flagman ___ Woodstock Committee
___ Trophy Committee ___ Race Coordinator ___ Other _____

The undersigned hereby agrees that all family members will adhere to and abide by all rules and regulations of the W.K.A. and the Tri-State Kart Club. In addition, it is the club member's responsibility to complete the required insurance releases and waivers at each race meeting.

Signature: _____ Date: _____

Make checks payable to T.S.K.C. Bring this form with payment to any club race, meeting or mail to: Tri State Kart Club, P.O. Box 247, Pomfret, CT 06259

Do not complete - for Tri-State Kart Club use only.

Payment Amount: _____ Check No.: _____ Date Rec'd: _____ TSKC #: _____