

ALBEMARLE KART CLUB ASSOCIATION

P.O. BOX 1881•ELIZABETH CITY N.C. 27909

MEMBERSHIP APPLICATION for 20 SEASON

**•DUES MUST BE PAID BY THE FIRST RACE OF THE SEASON.
IF A MEMBER FAILS TO PAY HIS/HER DUES BY THE FIRST RACE,
THEY MUST REJOIN AS A NEW MEMBER•**

NAME(PRINT): _____

SPOUSE OR PARENT(IF UNDER 18YRS. OLD): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____

CELL PHONE #: _____

DATE OF BIRTH: _____

KART # _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO EMERGENCY CONTACT: _____

PHONE # OF EMERGENCY CONTACT: _____

•ALL MEMBERS MUST OBEY THE RULES OF AKCA OR BE SUBJECT TO SUSPENSION•

SIGNATURE: _____

FOR CLUB USE ONLY:

DUES: RENEW/\$40.00 NEW MEMBER/\$50.00

CHECK# _____

CASH _____

DATE: _____

MEMBERSHIP APPROVED BY: _____

MEMBERSHIP REJECTED BY: _____