



New Brunswick Karting Club 2009 NBKC MEMBERSHIP APPLICATION FORM

PLEASE PRINT CLEARLY-Incomplete Applications will be rejected.

DRIVER'S INFORMATION

Driver's Name: _____
Date of Birth (dd/mm/yy): _____ s Male Female
Address: _____ Apt # _____
City: _____ Prov: _____
Postal Code: _____ Tel. # (_____) _____
Email: _____ Other # (_____) _____
Preferred method to be contacted : Phone Email Postal
Last year raced: _____ Class: _____
Driver Weight: _____ lbs
Class Entered: 1). _____ 2). _____
Racing Number: 1st choice: _____ 2nd choice: _____
Driver's Signature: _____
Parent or Guardian's Signature** : _____

ASSOCIATE MEMBERSHIP

Name: _____ DOB:(dd/mm/yy) _____
Signature: _____
Today's Date: _____ Total Fees: _____

Checklist:

- | | | |
|--|---|--|
| <input type="checkbox"/> Application Completed | <input type="checkbox"/> Parental Consent | <input type="checkbox"/> Medical forms |
| <input type="checkbox"/> Self-Declaration Medical | <input type="checkbox"/> Sign Publicity Release | |
| <input type="checkbox"/> Check payable to New Brunswick Karting Club | | |

CLUB FEES:

\$100.00/ year for the first driver
\$75.00/year for additional drivers
\$25.00/year associate membership

Medical by a physician are required every 5 years, every other year you require a self-declaration.

**All drivers under the age of 19 years of age require an Associate Member representing as a legal guardian. In order to start accumulating season points, membership application must be received 2 weeks prior to the first scheduled race date. Points will not be accumulated for races prior to receiving application.