



Lismore Kart Club
 PO Box 3035
 STH LISMORE DC NSW 2480

**Application for Membership
 Northern Rivers Kart Club Incorporated T/A
 Lismore Kart Club**

SURNAME **GIVEN NAMES**

D.O.B. **Parent/Guardian**

ADDRESS

Tel No (Home) **Tel No (Work)**

MOBILE **EMAIL**

I/We hereby apply for Membership to the above Club, and agree to abide by all the Regulations governing the Constitution of this Club and by any such amending or additional Regulations as may be implemented by this Club from time to time.

Signed **Date**

Proposal for Membership

I,being a current financial member of Lismore Kart Club proposes the above person/s for Membership

Signed **Date**

Membership Status

Full Member Associated Member New Membership
(Renewal With AKA Licence) *(Renewal)*

Family member Details – DOB for license holders		Transponder No _____
Name _____	DOB _____	
Name _____	DOB _____	
Name _____	DOB _____	
Family Membership \$155 \$ _____ Senior Member \$ 95 \$ _____ Junior Member (under 16 or Student) \$ 60 \$ _____ Associated (non racing/non driving) \$ 30 \$ _____ Yearly Practice Fee Family \$140 Single \$85 \$ _____ Pit Slab Fee (if owned) \$40 yearly \$ _____		AKA Licence – Please fill in and sign an Acknowledgment of Risk Form including Waiver, Release & Indemnity. New Competition Licence \$255 \$ _____ Re-New Competition Licence \$230 \$ _____ Practice License \$49 \$ _____
Sub Total \$ _____		
Sub Total \$ _____		

Total Amount Payable (GST is included) \$ _____

Please pay by CHEQUE payable to LISMORE KART CLUB OR CREDIT/DEBIT CARD ALSO AVAILABLE.
 C/- T Armstrong, PO BOX 7006 Lismore Heights NSW 2480 Ph 0412 762 870