



**Lismore Kart Club**  
**PO Box 3035**  
**STH LISMORE NSW 2480**

**Application for Membership**  
**Lismore Kart Club Incorporated**

**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 Inc. proposes the above person/s for Membership

**Signed** ..... **Date** .....

**Membership Status**

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

Family member Details – DOB for license holders		
Name _____	DOB _____	
Name _____	DOB _____	
Name _____	DOB _____	
Name _____	DOB _____	
Family Membership \$144	\$ _____	<b>AKA License – Please fill in and sign an Acknowledgment of Risk Form including Waiver, Release &amp; Indemnity.</b>
Senior Member \$ 88	\$ _____	
Junior Member (under 16 or Student) \$ 55	\$ _____	
Associated (non racing/non driving) \$ 25	\$ _____	
Yearly Practice Fee Family \$130 Single \$75	\$ _____	
Pit Slab Fee (if owned) \$40 yearly	\$ _____	
Sub Total	\$ _____	Sub Total \$ _____

Total Amount Payable (GST is included) \$ \_\_\_\_\_

**Please pay by CHEQUE payable to LISMORE KART CLUB**

C/- T Armstrong, 210 Ballina Road, LISMORE NSW 2480 or phone 0412762870