



**KARTSPORT WHANGAREI MEMBERSHIP APPLICATION FORM.**

Individual Membership [ ] Family Membership - Max 4 living at same address [ ]

**THIS FORM IS FOR NEW MEMBERS ONLY**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

**Email Address** (Please print clearly) \_\_\_\_\_

Phone (Cell phone) \_\_\_\_\_ Phone (Land line) \_\_\_\_\_

Class(es) \_\_\_\_\_ Racing Number \_\_\_\_\_ KSNZ Licence Number \_\_\_\_\_

Years racing \_\_\_\_\_ Other Club \_\_\_\_\_

Date of Birth \_\_\_\_\_ If under 18 years of age.

**2<sup>nd</sup> Family Member** Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth if under 18 years of age \_\_\_\_\_ Racing Class \_\_\_\_\_

Race number \_\_\_\_\_ Licence number \_\_\_\_\_

**3rd Family Member** Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth if under 18 years of age \_\_\_\_\_ Racing Class \_\_\_\_\_

Race number \_\_\_\_\_ Licence number \_\_\_\_\_

**4th Family Member** Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth if under 18 years of age \_\_\_\_\_ Racing Class \_\_\_\_\_

Race number \_\_\_\_\_ Licence number \_\_\_\_\_

I hereby apply for membership of KartSport Whangarei Inc. and agree that at all times I shall abide by the Rules of the Club and those of KartSport New Zealand. I also agree that I shall at all times abide by the instructions and directions of the Race Officials including Club Stewards and KartSport New Zealand Officials. I agree that information entered on this form will be kept on file for club use. I acknowledge my right to access and the correction of this information in accordance with the Privacy Act 1993.

I hereby agree to indemnify the associations known as the CIK, the MSNZ and KartSport New Zealand, KartSport Whangarei Inc., the Whangarei District Council, all sponsors, and all or any members, officials or assistants, of any of the above named or known organisations, against any injury or accident to myself or damage to any kart or equipment, whether in practice or in competition. I also agree that I must never practice or test my kart at any time that there are no other persons 18 years or over present at the Kart Track.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if under 18 years \_\_\_\_\_

**Return Membership Form & Payment to:-**

**BY MAIL: KartSport Whangarei Membership, P.O.Box 552, Whangarei 0140, N.Z.**

**For direct deposit to our bank account: ANZ Whangarei 010487-0102390-00**

File date 01/07/2015

**Official Use Only** Membership Fee \_\_\_\_\_ Individual [ ] or Family [ ]  
Payment Received \_\_\_\_\_ Membership Card Issued [ ] Financial Year \_\_\_\_\_