

**ALBEMARLE KART CLUB ASSOCIATION**

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

**MEMBERSHIP APPLICATION**

•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: \_\_\_\_\_

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FOR CLUB USE ONLY:

DUES:                      RENEW/\$35.00                      NEW MEMBER/\$45.00

CHECK# \_\_\_\_\_

CASH \_\_\_\_\_

DATE: \_\_\_\_\_

MEMBERSHIP APPROVED BY: \_\_\_\_\_

MEMBERSHIP REJECTED BY: \_\_\_\_\_