



GREAT SOUTHERN KART CLUB WA (Inc)

www.greatsouthernkart.club

Membership Secretary: Alison Chapman 0431 323 811

Email: treasurer@greatsouthernkart.club

MEMBERSHIP APPLICATION 2022

Please note it is a requirement of membership that you attend a minimum of 2 busy bees.

Surname:		First Name:	
Address:			
Suburb:		Postcode:	
Phone:		Date of Birth:	
Email:			
AIDKA Licence Number:			
Racing Class/es:			
Preferred Racing Number: 1) _____ 2) _____ 3) _____			
Preferred Months for Canteen Duty: 1) _____ 2) _____ 3) _____			
MEMBERSHIP REQUIRED (<i>Please Circle</i>): NEW or RENEWAL PLEASE NOTE: All <u>NEW</u> memberships will be subject to approval or rejection by the GSKC Committee as per GSKC Constitution (3.1) therefore Licences may take time to be processed.			
TYPE of MEMBERSHIP (<i>Please Circle</i>): SENIOR or JUNIOR or FAMILY (Junior 14yrs age and under)			
YEARLY MEMBERSHIP FEES (Valid 1/2/21 to 31/1/22):- SENIOR MEMBER \$50 JUNIOR MEMBER \$25 FAMILY \$100 (Family is being Two senior licences and two junior licences living in the same dwelling as of 1st February 2020. Direct Deposit Details - Account Name: GSKC BSB: 036153 Account No: 136982			

CONDITIONS OF MEMBERSHIP

I, the undersigned, agree to abide by the Rules in the Australian Independent Dirt Kart Association (A.I.D.K.A.) Rule Book, all current supplementary regulations and the Great Southern Kart Club regulations. I also agree as a condition of membership that neither A.I.D.K.A. the Great Southern Kart Club, officials, shall be under any liability whatsoever for any death or bodily injury, which may be sustained or incurred as a result of my participation in a race meeting or event whether by negligence or otherwise.

Signature of Applicant/guardian.....Date.. / / 2022

PLEASE NOTE THAT ALL MEMBERSHIP FORMS MUST BE RECEIVED WITH A SIGNED "CODE OF CONDUCT" FORM.

PLEASE SEND THIS MEMBERSHIP FORM, ALONG WITH YOUR SIGNED AND DATED "CODE OF CONDUCT" FORM and PAYMENT RECEIPT TO:

Email: treasurer@greatsouthernkart.club

Post: 21 Pateman Place, South Yunderup WA 6208

OFFICE USE ONLY:

Date Paid: ____ / ____ / 2022	Amount: \$ _____ Method:	Receipt No.:
Code of Conduct Rcvd: YES / NO	Date Notified AIDKA:	