

# 2010 Tri State Kart Club Membership Application

Membership period is from January 31, 2010 to January 31, 2011

**\$40.00 Annual Membership Fee**      **Membership Renewal:**       **New Membership:**

## MASTER MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_  
Spouse F. Name: \_\_\_\_\_ Primary Health Insurer: \_\_\_\_\_  
TSKC Member Since: \_\_\_\_\_ TSKC membership Number: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## ADDITIONAL RACING FAMILY MEMBERS

Master member's children under 18 years of age. Birth Certificates are required for minors.

1) Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Racing Class: \_\_\_\_\_  
2) Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Racing Class: \_\_\_\_\_  
3) Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Racing Class: \_\_\_\_\_

### **Club duties that you or a family member may be interested in joining:**

\_\_\_ Banquet Committee    \_\_\_ Race Director    \_\_\_ Scorers    \_\_\_ Pit Steward    \_\_\_ Announcer  
\_\_\_ Tech Committee    \_\_\_ Rules Committee    \_\_\_ Flagman    \_\_\_ Woodstock Committee  
\_\_\_ Trophy Committee    \_\_\_ Race Coordinator    \_\_\_ Other \_\_\_\_\_

*The undersigned hereby agrees that all family members will adhere to and abide by all rules and regulations of the Tri-State Kart Club and the W.K.A. In addition, it is the club member's responsibility to complete the required insurance releases and waivers at each race meeting.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to T.S.K.C. Bring this form with payment to any club race, meeting or mail to: Tri State Kart Club, P.O. Box 247, Pomfret, CT 06259

Do not complete - for Tri-State Kart Club use only.

Payment Amount: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ TSKC #: \_\_\_\_\_