

GRIFFITH KART CLUB

CLUB MEMBERSHIP APPLICATION FORM

Personal Details				
Name:	Date of Birth:			
Address:		_		
Town:				
Telephone:	Mobile:			
Email Address:				
AKA Licence Number:				
Family Member Detail	ls			
Name		Date of Birth:		Licence No.:
Name		Date of Birth:		Licence No.:
Name	-	Date of Birth:		Licence No.:
Name		Date of Birth:		Licence No.:
- Traine		Butte of Birth		License Woll
				. <u>l</u>
Membership Fees		Payment Options:		
Per Year	(tick your choic			() Direct Deposit
Family Racing	\$150.00 Please make cheques payable to GRIFFITH KART CLUB			
Family Practice only	\$200.00	EFT Payments can b	EFT Payments can be made to Westpac Bank	
Single	\$100.00	BSB:		032 750
Associate	\$5.00	Accoun	t No.:	420481
Key (new member)	\$50.00	Referen	ıce:	Your Name
* Membership * Please returr email griffithko * A key to the	will not become van via post (PO Box 1.c.secretary@gmail.cc.scretarywagmail.cc.scretarywagmail.cc.scretarywagmail.cc.	per MUST hold a current KNSW Competition in the competition of the com	form com	
I/We hereby apply/rend	ew membership o	f the Griffith Kart Club.		
_		egulations set down by the Karting Ne		
(GKC). I WIII abide	by the Practice Policy and Code of Cor	iduct (bo	oth attached).
Signature			Date	2
Applicants under 18yrs mus	st have a parent or $\mathfrak g$	guardian signature.		
Name of Gua	rdian:			
Office Use Only:				
Date Paid://		Receipt Number:	_	Membership Number:
Date entered in Member	ship system: /	/ Date entered in KNSW	√ Licence	e System: / /