



**APPLICATION FOR MEMBERSHIP AND INDEMNITY
2009/2010**

I/we hereby apply for membership to the TARANAKI KART CLUB INCORPORATED. I/we undertake to abide by the rules of the club and to pay any subscriptions and dues levied by it. I/we acknowledge the club's right to refuse or terminate my/our membership as laid down in the club's constitution.

And I/we agree to fully indemnify the associations known as the CIK, MSNZ, KartSport New Zealand, the Taranaki Kart Club, New Plymouth District Council and all or any of the above named or known organisations, against injury or accident to myself/ourselves or any damage to my/our kart/s or equipment, whether in practice or competition at official club days or during private practice at our Waitara Raceway.

I/we acknowledge my/our right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

SURNAME _____

FIRST NAMES _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

PHONE _____

OCCUPATION / EMPLOYER _____

BIRTH DATE _____

SIGNATURE _____

ADDITIONAL FAMILY MEMBERS PLEASE COMPLETE THE FOLLOWING:

CHRISTIAN NAMES	CLASS	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF MEMBERSHIP

FAMILY	_____	\$120	_____
MIDGET/CADET	_____	\$70	_____
JUNIOR	_____	\$70	_____
SENIOR	_____	\$100	_____
SOCIAL	_____	\$20	_____
		TOTAL	_____

* Subscriptions are for a twelve month period 1st October to 30th September
 * Members joining the club after March will pay a reducing fee of 10% per month of annual subscription

Please make the appropriate subscription and return this form with your remittance to:
The Treasurer, Taranaki Kart Club, PO Box 86, New Plymouth

OFFICE USE ONLY: RECEIPT NO. DATE: