



2017 MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY AND FILL OUT COMPLETEY

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Email Address: _____

In applying for membership in the Tri-City Kart Club, applicant(s) agrees to comply with the "spirit and intent" of the "Club Rules" as adopted by the Club (listed on this site) and any related rules, regulations and techrequirements imposed by the International Karting Federation (IKF) and the National Karting Alliance (NKA). Failure to abide by these requirements may result in suspension of the applicant's membership.

Signature _____ Date _____

ALL MINOR drivers listed above are required to have proof of age (copy of birth certificate) on file or provided with this application.

Driver 1

Name (First): _____ Last: _____

Birth Date: _____ Age: _____ Kart # _____ Transponder # _____

Class: _____ # Years racing _____

Driver 2

Name (First): _____ Last: _____

Birth Date: _____ Age: _____ Kart # _____ Transponder # _____

Class: _____ # Years racing _____

Driver 3

Name (First): _____ Last: _____

Birth Date: _____ Age: _____ Kart # _____ Transponder # _____

Class: _____ # Years racing _____

KART & SUPERMOTO FEES:

Single Dues - \$100.00

Family Dues - \$125.00 (family members must reside in the same household):

Office Use: Amount paid: _____ CASH _____ CHK# _____ CARD: _____ DATE RECEIVED _____ BC: _____ Board Member: _____

Please send this completed form and fees to: TCKC PO BOX 3662 PASCO WA 99301