

**ALBEMARLE KART CLUB ASSOCIATION**

**P.O. BOX 1881•ELIZABETH CITY N.C. 27909**

**MEMBERSHIP APPLICATION for 2024 SEASON**

**DUES MUST BE PAID BY THE FIRST RACE OF THE SEASON. IF A MEMBER FAILS TO PAY HIS/HER DUES BY THE FIRST RACE, THEY MUST REJOIN AS A NEW MEMBER**

**NAME(PRINT):** \_\_\_\_\_

**SPOUSE OR PARENT(IF UNDER 18YRS. OLD):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**KART #** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**RELATIONSHIP TO EMERGENCY CONTACT:** \_\_\_\_\_

**PHONE # OF EMERGENCY CONTACT:** \_\_\_\_\_

By submitting and signing below I acknowledge and will abide by all AKCA rules and regulations. Memberships must be renewed for each race season.

**SIGNATURE:** \_\_\_\_\_

\*\*\*\*\*  
FOR CLUB USE ONLY:

**DUES:**                      **RENEW: \$50**                      **NEW MEMBER: \$60**                      **UNDER 15: \$40**

**CHECK#** \_\_\_\_\_

**CASH** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MEMBERSHIP APPROVED BY:** \_\_\_\_\_

**MEMBERSHIP REJECTED BY:** \_\_\_\_\_