

**ALBEMARLE KART CLUB ASSOCIATION**

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

**MEMBERSHIP APPLICATION**

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

**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 that I have read and will abide by all AKCA rules and regulations. Memberships must be renewed each race season.

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

**FOR CLUB USE ONLY:**

**DUES: \$40**

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

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

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

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

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