

ALBEMARLE KART CLUB ASSOCIATION P.O.

BOX 1881 ELIZABETH CITY N.C. 27909 MEMBERSHIP

*DUES MUST BE PAID BY SECOND RACE IN ORDER TO BE ELIGIBLE FOR POINTS AND
YEAR END AWARDS

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: \$25 CHECK# _____ CASH: _____ VENMO: _____

DATE _____

MEMBERSHIP APPROVED BY: _____

MEMBERSHIP REJECTED BY: _____