



Membership Application 2018

Send to: CCSKC, PO Box 3269, Wamberal NSW 2260
 Phone: 02 4311 5133
 Email: secretary@ccskc.com.au

Please remit this completed Membership Application as well as any fees due to the Club Secretary.
ALL FIELDS ARE REQUIRED TO BE COMPLETED FOR YOUR MEMBERSHIP TO BE ACCEPTED

Name	_____	Phone (H)	_____
Address	_____	Phone (W)	_____
	_____	Phone (M)	_____
State	Postcode	Email	_____
		Occupation	_____

- I hereby apply for membership to Central Coast Speedway Kart Club Inc. As a Member, I agree to be bound by the Rules and Constitution of the Club for the time being in force.
- I also understand that an Annual Membership must always be current for all KA Licences covered by this application, and to receive all club benefits, discounts and any awards.
- All applicants under 18 years of age must have a Parent or Guardians co-sign.
- CCSKC reserves the right to refuse any Application.

Applicant Signature _____ Parent/Guardian Signature _____
 Date _____

I give permission for my contact details to be given to other Members if requested?	YES / NO
How would you like to receive Club Updates / Newsletters?	FACEBOOK / WEBSITE / PRINTED

PLEASE SELECT WHICH MEMBERSHIP TYPE AND ANY FEES DUE:
 (Family STRICTLY consists of Spouse/Partner/dependent children or siblings all residing at the same address)

MEMBERSHIP TYPE	SINGLE	FAMILY
Casual Member (Race Meeting duration only / included in entry)	\$0	\$0
Life Member or Honorary Member (Annual)	\$0	n/a
Social Membership (non-drivers only)	\$20=1yr \$35=2yr	n/a
Full Membership (Annual - drivers and non-drivers)	\$75=1yr \$145=2yr	\$100=1yr \$190=2yr

ALL Members details to be included in this Membership Application, starting with you:

NAME	D.O.B	KA LICENCE #	CLASS	RACING #

FEES DUE:	COST	TOTAL
MEMBERSHIP FEE (as per chart above)		
		\$

PAYMENT TYPE	CASH / EFT / CREDIT CARD / CHEQUE (circle)			
Card Number	_____	Expiry	_____	CCV
Cardholder Name	_____			
OFFICE USE ONLY				
APPLICATION DATE	_____	EXPIRY DATE	_____	CMS UPDATED
APPROVED BY	_____	AMOUNT RECEIVED	_____	RECEIPT PRINT