



2012 Membership Application Mid-State Kart Club, Inc.

Mail to: Mid-State Kart Club
PO Box 312
Springfield IL 62705

In order to participate as a member of Mid-State Kart Club, Inc. you are obligated to pay an annual membership fee of \$100, plus a one-time \$100 initiation fee for new members or members who have not been in good standing for the last two years. Although you may race and practice at Mid-State Kart Club, Inc. you will be charged the non-membership fee for such until your membership payment is received.

The membership year is from 1 January thru 31 December of a given year.

Although safety is the highest priority at Mid-State Kart Club, Inc., accidents do happen in spite of actions taken to Prevent them. Participants at Mid-State Kart Club, Inc. will at no time hold Mid-State Kart Club, Inc., or any of its Officers liable for any personal injury or property damage that may occur when practicing or racing at the facility.

While a member of Mid-State Kart Club, Inc., I agree to comply with all rules, policies and procedures of Mid-State Kart Club, Inc. and the World Karting Association.

It is my responsibility to read and understand said rules, policies and procedures. You will be given a copy of the club By-Laws and by signing this form you agree to all rules pertaining to the membership.

Signature _____ Date: _____
Member Name: _____ Driver: Yes/No
Street Address: _____
City/State/ ZIP Code: _____
Phone: _____
Email Address: _____ This is the primary way the club contacts you.
Birth Month: _____

Family Members

Name: _____ Birth Month: _____ Driver: Yes*/No
Name: _____ Birth Month: _____ Driver: Yes*/No
Name: _____ Birth Month: _____ Driver: Yes*/No
Name: _____ Birth Month: _____ Driver: Yes*/No
Name: _____ Birth Month: _____ Driver: Yes*/No

*Attach proof of age (copy of Birth Certificate) for minor drivers 18 years of age and younger.

Fees: \$ _____ New Member Initiation Fee (\$100)
\$ _____ Member Annual Dues (\$100)
\$ _____ Other
\$ _____ Total

Office Use: _____ Check #: _____ Key received: _____ Officer: _____ Date Received: _____