



Membership Application 2012

Send to: CCSKC, PO Box 3269, Wamberal NSW 2260
 Phone: 0424 197 360
 Email: secretary@ccskc.com.au

Please send this completed Membership Application as well as all fee's due to the Club Secretary as shown above.
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 my Membership must always be current for all AKA Licences covered by this application.
- 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 _____

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

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

MEMBERSHIP TYPE	SINGLE	FAMILY
Life or Honorary Member	\$0.00	-
Social or Practice Licence Membership	\$10.00	-
Annual Membership	\$60.00	\$90.00
PLEASE NOTE: All licence renewals and payments are processed directly with the AKA		

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

NAME	D.O.B	AKA LICENCE #	LIC. EXP. DATE	CLASS	RACING #
FEES DUE:				COST	TOTAL
MEMBERSHIP FEE (as per chart above)					
EFTPOS / CREDIT CARD - TRANSACTION FEE				3.00	
					\$

PAYMENT TYPE					
Card Number	_____	Expiry	_____	CCV	_____
Cardholder Name	_____				
OFFICE USE ONLY					
MEMBERSHIP APPLICATION DATE	_____	MEMBERSHIP EXPIRY DATE	_____		
AMOUNT RECEIVED	_____	DATE RECEIVED	_____		