



MEMBERSHIP RENEWAL/APPLICATION NEW \_\_\_ RENEWAL\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

1 Name \_\_\_\_\_ D.O.B (Junior Only) \_\_\_\_\_ Racing No \_\_\_\_\_

Racing class: \_\_\_\_\_ Signature \_\_\_\_\_

2 Name \_\_\_\_\_ D.O.B (Junior Only) \_\_\_\_\_ Racing No \_\_\_\_\_

Racing class: \_\_\_\_\_ Signature \_\_\_\_\_

3 Name \_\_\_\_\_ D.O.B (Junior Only) \_\_\_\_\_ Racing No \_\_\_\_\_

Racing class: \_\_\_\_\_ Signature \_\_\_\_\_

4 Name \_\_\_\_\_ D.O.B (Junior Only) \_\_\_\_\_ Racing No \_\_\_\_\_

Racing class: \_\_\_\_\_ Signature \_\_\_\_\_

Social Membership Name: \_\_\_\_\_

PARENTS/GUARDIANS : Persons under 18 years must have parent/guardian confirmation of this application and Indemnity ,and must always be under the supervision of a person over 18 during all private practice and competition.

**INDEMNITY AND DECARATION**

This is to certify that I/we the undersigned , submit this application to become a member of the Eastern Bay of Plenty Kart Club Inc, and to compete in club race and practice days at Kartzone raceway Edgcumbe . I/we hereby agree to indemnify the associations known as the FIA,CIK,MSNZ Inc, Kartsport NZ , MNZ Inc, all sponsors and all other members, officials, officers, assistants or helpers of any named or known organizations ,against any injury or accident to myself ,or any damage to my kart or equipment whether in practice or competition.

I/we hereby declare I/we are fully conversant with the current KSNZ and EBOPKC rules governing kart racing. That my kart and driving apparel will be presented for examination to the standard and specifications required and that I will abide by all EBOPKC and KSNZ rules and any supplementary regulations which apply and the directions of KSNZ officials of the day without loosing my right of appeal as per the rule.

I consent to the collection of the details below by EBOPKC for the purpose of a membership record and for EBOPKC to retain and disclose these to KSNZ, SPARC, funding agencies and sponsors.

I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

FAMILY MEMBERSHIP: \_\_\_\_\_ \$100.00 \$ \_\_\_\_\_

SENIOR COMPETITOR : \_\_\_\_\_ \$80.00 \$ \_\_\_\_\_

JUNIOR COMPETITOR : \_\_\_\_\_ \$60.00 \$ \_\_\_\_\_

SOCIAL MEMBERSHIP : Non racer \_\_\_\_\_ \$40.00 \$ \_\_\_\_\_

TRACK KEY FEE: \_\_\_\_\_ \$30.00 \$ \_\_\_\_\_ Key Number \_\_\_\_\_

Total Fees Enclosed \$ \_\_\_\_\_

Pay on Line EBOP KART CLUB A/C 03 0490 0199066 00 or Chq payable to  
EBOP KART CLUB P.O.BOX 153 WHAKATANE 3120

Office use only: Membership card issued and receipt number \_\_\_\_\_ Date Membership received \_\_\_\_\_