



"The Friendly Place to Race"

PO Box 607, WARWICK, Qld 4370

President: Peter Lane 0418 740 021, Secretary: Fiona Williams 0418 785 590, Membership Secretary: Erin Sell 0416 136184

APPLICATION FOR MEMBERSHIP 2018

It is important that you read, understand and fully complete the form before you sign it. A separate form must be completed for each applicant, except in the case of a family membership, as specified below.

Name: _____ DOB: _____
 Address: _____ Postcode _____
 Phone: _____ Mobile: _____ Email: _____

Membership Required: (Circle as appropriate)				Family Membership – List Family Members <small>(Family is deemed to be 1 or 2 adults, in parental roles, with up to 3 minors, under 18, living at the same address)</small>	
ANNUAL MEMBERSHIP Joining between January 1 and June 30 with expiry 31 Dec 2018		HALF YEAR MEMBERSHIP Joining between July 1 and December 31 with expiry 31 Dec 2018		Father: _____	_____
Single \$100	Family \$150	Single \$50	Family \$75	Mother: _____	_____
				Child 1: _____	_____
				Child 2: _____	_____
				Child 3: _____	_____

Please note that if you need to renew your licence you will need a minimum of 3 months expiry on your membership. If you are joining between October and December, please contact the membership secretary to discuss this prior to payment. membershipsecretary@warwickkartclub.com.au

AKA Licence Held / Applied For (Circle as appropriate)

Name: _____	PRACTICE or COMPETITION	Licence Number: _____
Name: _____	PRACTICE or COMPETITION	Licence Number: _____
Name: _____	PRACTICE or COMPETITION	Licence Number: _____
Name: _____	PRACTICE or COMPETITION	Licence Number: _____
Name: _____	PRACTICE or COMPETITION	Licence Number: _____

I agree to abide by and be bound by any and all of the conditions, rules and regulations which may be applied or imposed by the Warwick Kart Club in respect to my involvement with the members and the property of the Club, including rulings applied by the official caretaker. I, together with my executors, administrators or successors, in consideration of my being permitted to enter and use the premises of Warwick Karting Club Inc. ACKNOWLEDGE that I am fully responsible for my own safety and for any damage that may be done to my person or property, or to the personal property of any other personal property of any other person involved with the activities of the Warwick Karting Club and I hereby RELEASE the members who constitute the association known as the Warwick Karting Club from any or all claims at law which may be made by me against the Club for any grounds whatsoever, and I hereby INDEMNIFY the said Club against all claims or actions which may be brought against me in respect to my being associated with the said Club and its activities. I understand that to be eligible for Club Championships, each driver must complete 2 (TWO) Club Duties as outlined by the Club.

Signed by the **Applicant**: _____

In the presence of: _____
 Witness Signature _____ Full Name of Witness _____

Signed by **Parent or Guardian** (if applicant is under 17yrs of age): _____

Dated this _____ day of _____ 20_____

Payment can be made by: Cheque/ Money Order Payable to Warwick Karting Club Inc. or Bank Transfer to: Bank: Warwick Credit Union Account Name: Warwick Kart Club BSB: 817 001 Account Number: 400490034	Send completed form and proof of payment to: Erin Sell Membership Secretary, Warwick Karting Club Inc. 50-52 Laurina Drive, New Beith, QLD 4124 membershipsecretary@warwickkartclub.com.au
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OFFICE USE ONLY

Processed on CMS Licence Processed Added to Member Spreadsheet Membership Card Sent