



**KartSport Whangarei**  
**MEMBERSHIP APPLICATION FORM.**

Individual Membership [ ]  
Associate Membership [ ]  
Family Membership - **Max 4 racing members at same address** [ ]  
Additional racing Family member [ ]

**OTHER FAMILY MEMBERS NAMES & DETAILS ON REAR OF FORM**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

**Email Address** (Please print clearly) \_\_\_\_\_

Phone (Cell phone) \_\_\_\_\_ Phone (Land line) \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Club \_\_\_\_\_ Or Renew membership [ ]

Years racing \_\_\_\_\_ Class(es) \_\_\_\_\_

Racing Number \_\_\_\_\_ KSNZ Licence Number \_\_\_\_\_

Licence Rating \_\_\_\_\_ (First member of family)

<b>Official Use Only</b> Membership Fee _____ Individual [ ] or Family [ ] Payment Received _____ Membership Card Issued [ ] Financial Year _____
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I hereby apply for (or renew) membership of KartSport Whangarei Inc. and agree that at all times I shall abide by the Rules of the Club and those of KartSport New Zealand. I also agree that I shall at all times abide by the instructions and directions of the Race Officials including Club Stewards and KartSport New Zealand Officials. I agree that information entered on this form will be kept on file for club use. I acknowledge my right to access and the correction of this information in accordance with the Privacy Act 1993.

I hereby agree to indemnify the associations known as the CIK, the MSNZ and KartSport New Zealand, KartSport Whangarei Inc., the Whangarei District Council, all sponsors, and all or any members, officials or assistants, of any of the above named or known organisations, against any injury or accident to myself or damage to any kart or equipment, whether in practice or in competition. I also agree that I must never practice or test my kart at any time that there are no other persons 18 years or over present at the Kart Track.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if under 18 years \_\_\_\_\_

**New Members only:**

Nominated by Club Member (Name & signature) \_\_\_\_\_

Seconded by Club Member (Name & signature) \_\_\_\_\_

**Return Membership Form & Payment to:-**

**BY MAIL: KartSport Whangarei Membership, P.O.Box 1158, Whangarei 0140, N.Z.**

**OR DELIVER TO: Karting Plus shop, 25 Donald Street, Whangarei 0112, N.Z.**

**KartSport Whangarei's postal address is P.O.Box 552, Whangarei 0140, N.Z.**

**Second, third and fourth Racing family members names and details: (All must reside at same address).**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Years racing \_\_\_\_\_ Class \_\_\_\_\_

Kart brand \_\_\_\_\_ Engine type \_\_\_\_\_

Racing Number \_\_\_\_\_ Licence Number \_\_\_\_\_

Licence Rating \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Years racing \_\_\_\_\_ Class \_\_\_\_\_

Kart brand \_\_\_\_\_ Engine type \_\_\_\_\_

Racing Number \_\_\_\_\_ Licence Number \_\_\_\_\_

Licence Rating \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Years racing \_\_\_\_\_ Class \_\_\_\_\_

Kart brand \_\_\_\_\_ Engine type \_\_\_\_\_

Racing Number \_\_\_\_\_ Licence Number \_\_\_\_\_

Licence Rating \_\_\_\_\_