



2016 Membership Application

PLEASE PRINT CLEARLY

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Email Address: _____

ALL MINOR drivers listed below are required to show proof of age (copy of birth certificate) with this application. If there are more than 3 drivers per family, just print out this form again and add the additional information. Please type in N/A if the line is not applicable. In applying for membership in the Tri-City Kart Club, applicant(s) agrees to comply with the "spirit and intent" of the "Club Rules" as adopted by the Club (listed on this site) and any related rules, regulations and tech requirements imposed by the International Karting Federation (IKF) and the National Karting Alliance (NKA). Failure to abide by these requirements may result in suspension of the applicant's membership.

Signature _____ Date _____

Driver 1

Name (First): _____ Last: _____

Birth Date: _____ Age: _____ Kart # _____ Transponder # _____

Class: _____ # Years racing _____

Driver 2

Name (First): _____ Last: _____

Birth Date: _____ Age: _____ Kart # _____ Transponder # _____

Class: _____ # Years racing _____

Driver 3

Name (First): _____ Last: _____

Birth Date: _____ Age: _____ Kart # _____ Transponder # _____

Class: _____ # Years racing _____

KART & SUPERMOTO FEES:

Single Dues - \$100.00

Family Dues - \$125.00 (family members **must** reside in the same household):

Office Use: CHK # _____ Check Amount: _____ Date Received: _____

Cash Amount: _____ Board Member: _____

Please send this completed form and fees to: TCKC PO BOX 3662 PASCO WA 99301