



EASTERN LIONS KART CLUB

A9427 - www.elkc.com.au

MEMBERSHIP APPLICATION FORM 2020

Membership Secretary: Cherie Ph: 0409 655 207 or Email: membsec@elkc.com.au

Type	Fee	Description	Code
1. FAMILY	\$260.00	Husband, Wife & any number of family children	FAM
2. SENIOR	\$220.00	21 years of age and over as at 1 January	SEN
3. JUNIOR	\$155.00	6 years of age and under 21 years of age as at 1 January	JUN
4. VINTAGE	\$130.00	Vintage Kart Licence Holders only	VIN
5. SOCIAL	\$ 90.00	Any age, cannot drive a go kart at ELKC	SOC

Please tick one New Membership Membership Renewal

Note: A Key Fee of \$20 applies - Keys will NOT be mailed out

Name _____ AKA Licence # _____
 Address _____ Licence Type: Full Race
 _____ Postcode _____ E Practice
 Email Address _____ Vintage
 Occupation _____ D.O.B: _____ Mobile _____

Family Details Spouse _____ AKA Licence _____
 (if applicable) _____ DOB _____ AKA Licence _____
 _____ DOB _____ AKA Licence _____
 _____ DOB _____ AKA Licence _____
 _____ DOB _____ AKA Licence _____

Key Code (Office Use)	Membership Fee	Key Fee	Total Enclosed
	\$	\$	\$

USE OF THE GO-KART TRACK IS NOT PERMITTED WITHOUT A VALID KARTING AUSTRALIA LICENCE

GO-KARTING EVENTS ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage.

VALID KV PIT PASSES ARE REQUIRED BY ALL PERSONS ENTERING THE GRID (ADDITIONAL COST \$5)

NOTE: BY COMPLETING AND SIGNING THIS FORM THE MEMBER/S AGREE TO ACCEPT AND COMPLY WITH THE ELKC RULES AND REGULATIONS, CAMPING AREA RULES, INCORPORATION RULES, KV RULES AND REGULATIONS AND THE KA MANUAL. THE ABOVE DOCUMENTS ARE AVAILABLE ON ELKC, KV AND KA WEBSITES

All parties to this document agree that personal information collected, stored and transmitted, may be used by the parties as part of any actions necessary for all processing relating to this document. The Parties to this document also agree that it may be necessary to collect, store and transmit personal information to or from, a third party as part of any actions necessary for all processing relating to this document.

I have received my ELKC Membership Pack **Applicants Signature:** _____ **Date:** _____
 ONLINE CMS CASH CHEQUE CREDIT CARD Ref/Date _____

CREDIT CARD DETAILS

Card Number _____ Expiry Date ____ / ____
 Full Name on card _____ CCV No. _____
 Signature _____