



2004 MEMBERSHIP APPLICATION

Parent/Guardian or driver over 18 years of age

section 1

NAME: _____

HM.PHONE: _____

ADDRESS: _____

BUS.PHONE: _____

FAX PHONE: _____

CELL PHONE: _____

HEALTH CARD#: _____

E-MAIL: _____

BIRTH DATE: _____

Driver/Associate Member's information:

section 2

	Name:	Health Card#:	D/A	Class	# Requested
1					
2					
3					
4					
5					

Membership Fees:

Section 3

Driving Member(s): ___ @ \$85* = \$ _____ ****Includes banquet ticket**
 1st Associate Members: ___ @ \$25 = \$ _____ **(required if driver is under 18**
 Add. Associate Members: ___ @ \$15 = \$ _____ **years of age)**
 Reserved Number(s): ___ @\$5 = \$ _____
 Total Enclosed: _____

NOTE: Driving Member fee will be \$110 after March 31, 2004
All members are exempt from the gate fee.

If accepted as a member of the Mosport Kart Club (MKC), I and other individuals named on this application agree that membership in MKC is a privilege, not a right. I agree that I have read and will abide by ASN Canada FIA Karting Regulations Book 1 Sporting Regulations, ASN Canada FIA Karting Regulations Book 2 Technical Regulations and the Mosport Kart Club supplementary Regulations.

Signature: _____ **Date:** _____

Parent/Guardian's signature required if driver is under 18 years of age.

PLEASE COMPLETE AND REMIT TO:

Mosport Kart Club, 45 Bancroft Crescent, Whitby, ON L1R 2J4
 Phone: (416)358-9913

Approved By: _____

Date: _____