

CAPITAL CITY KART CLUB
MEMBERSHIP APPLICATION
January 1, _____ to December 31, _____

Drivers: Do you have a Log Book

Name _____ Birthdate _____ Class _____ Y ___ N ___

Name _____ Birthdate _____ Class _____ Y ___ N ___

Name _____ Birthdate _____ Class _____ Y ___ N ___

Other Family Members:

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Mailing address: _____
_____ Postal Code _____

Home Telephone _____ Work Telephone _____ Fax _____

Email _____

<u>Membership Fees</u>		<u>Amount paid</u>
Single Membership	_____ X \$35.00	_____
OR		
Family Membership	\$75.00	_____
Total		\$ _____

Dues are payable every year at January 1

Mail this completed form and cheque to: Capital City Kart Club
P. O. Box 257
Duncan, B.C.
V9L 3X3

Any questions, contact Ruth Hawkes 250-748-0502