

# National Membership Application



Karters of America Racing Triad  
Administrative Office  
24995 S. Meadow Ridge, Claremore, OK 74019  
Phone/Fax: 918.283.1877

Please indicate your racing participation by preference number, i.e. 1, 2, 3, etc.:  Sprint  Speedway  Roadrace/Enduro  
(Please do not check or number any division in which you do not participate)

New Membership (All KART memberships expire the 31st of December )  Renewal KART Membership # \_\_\_\_\_

Are you a current I.K.F. member?  Yes  No W.K.A. member?  Yes  No SKUSA member?  Yes  No

MEMBERSHIP FEES: All payments must be made in U.S. funds. Sorry, no credit cards.

\$45.00 Regular Sprint, Speedway and Enduro annual membership (\$50.00 outside USA). Includes membership card, patch, decal and Rules & Technical Guide.

National Members must be 18 years of age or older. Minors should be listed in the Family Member section.

MUST BE 18 YRS. OR OLDER	National member's name: _____ Age: _____ Birthdate: _____
	Address: _____
	City: _____ State: _____ Zip Code: _____
	Residence phone: _____ Business phone: _____
Occupation: _____ Email: _____ Transponder # _____	

Family Membership: Other members of immediate family residing at the same address who want a KART membership. Note: Family members cannot vote. KART family membership \$10.00 per additional family member.

Name: \_\_\_\_\_ Transponder # \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Name: \_\_\_\_\_ Transponder # \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please make all checks payable to: KART. Total Membership fees: \_\_\_\_\_

AGREEMENT: If accepted as a member by Karters of America Racing Triad, I (and including my immediate family) agree to abide by the by-laws and regulations of this organization. I understand that all official publications of Karters of America Racing Triad will be sent to me as published during my membership. I represent that all statements made on this application are true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed and dated to receive KART race credit.

PARENTS STATEMENT OF HEALTH FOR PERSONS UNDER THE AGE OF 18:		
I, the undersigned, do hereby state that		
Name: _____	Age: _____	Date of last physical examination: _____
Name: _____	Age: _____	Date of last physical examination: _____
Name: _____	Age: _____	Date of last physical examination: _____
Name: _____	Age: _____	Date of last physical examination: _____
is in apparent good health and physically able to participate in the strenuous activities of karting at sea level and at the altitudes up to 7,000 feet with such activities further stressed by exposure to conditions of humidity and temperatures. Further, it is also stated that the above named minor is not subject to fainting, loss of balance, loss of muscular coordination, and in general free of other physical ailments that could be aggravated by the stress of driving kart competition events and thereby placing him/herself, competitors, spectators, and others in attendance in jeopardy of injury. Further, pursuant to the best interests of the above named minor, competitors, spectators, and others in attendance at kart competition events, there is no intent to conceal a possible physical condition when such revelation would be ample cause for KART to withhold the issuing of membership, license, permit, or in any way ratify the participation of said minor in karting events sanctioned by this organization.		
Parent's/Guardian's Signature: _____	Date: _____	

Office Use Only: Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Club: \_\_\_\_\_