



# Southern Tasmanian Kart Club Inc.

stkc.com.au

PO Box 4584 Bathurst St  
Hobart 7000

## MEMBERSHIP APPLICATION

Surname: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Dob \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Post Code: \_\_\_\_\_

Email : \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Occupation: \_\_\_\_\_

Drivers

Family Members: 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 Note: Additional drivers add 3 \_\_\_\_\_  
 \$10 each per annum 4 \_\_\_\_\_


I hereby apply for the membership of the Southern Tasmanian Kart Club inc. (STKC) and enclose the relevant fee. I understand that I have to attend a Committee meeting to be approved as a member. If I am accepted as a member, I agree to abide by the rules set down by the Club and by the rules set down by the Australian Karting Association and its Tasmanian Division.

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

If applicant is less than 18 years of age Parent or Guardian is to sign below:

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

Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconder: \_\_\_\_\_ Signature:- \_\_\_\_\_

Office Use Only	Receipt No:	Amount Paid:	Date joined:
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