

# Sapphire Coast Kart Club

## Membership Application



Member	New Member	Renewal of existing membership
Applicants Name		
Date of Birth		
Family Members Names (required for Family Membership)		
Address		
Contact Phone Number		
Email		
<p><i>I hereby apply for membership of the Sapphire Coast Kart Club Inc and agree to be bound by the rules and regulations of the Club and that of the <a href="#">Club's Constitution</a>.</i></p>		
Applicant Signature		
Parent / Guardian Name if the Applicant is under the age of 18 years old		
Parent / Guardian Signature if the Applicant under is the age of 18 years old		
Date		

### MEMBERSHIP TYPE:

- \$50 - Social (Associate) Non-Racing/Non-Driving Member
- \$100 - Junior Membership (up to 18 yrs) & Non-Racing Guardian
- \$100- Senior Membership (18yrs and above)
- \$180 - Family Membership (2 x Adults + Children up to 18 years)

Note: Single Senior Member or 1 Senior Family Member must be willing to gain a minimum Level 4 (lowest) Officials Licence so the club has enough officials to comply with regulations put in place by Karting Australia.

### Payment Details

BSB: 802-124  
 Account: 52736  
 Name: Sapphire Coast Kart Club Inc

or

If you wish to use an [Active Kids Voucher](#) by Service NSW, email the Club Secretary with your 16 digit voucher number to claim **FREE** Junior Membership.

# Appendix 1 Application for membership of association

(Clause 3 (1))

## APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Sapphire Coast Kart Club Inc

.....  
[name of association]

Incorporated (incorporated under the *Associations Incorporation Act 2009*)

I, .....

[full name of applicant]

of .....

[address]

.....  
[occupation]

hereby apply to become a member of the abovenamed incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

.....  
*Signature of applicant*

*Date*

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### Office Use Only

I, .....

[full name]

a member of the association, nominate the applicant for membership of the association.

.....  
*Signature of proposer*

*Date*

I, .....

[full name]

a member of the association, second the nomination of the applicant for membership of the association.

.....  
*Signature of seconder*

*Date*

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Club Membership Application Seconded by	
Club Membership Application Seconded by Accepted by	

[END OF FORM]

Last updated

11/10/2018.