



# 2010 MEMBERSHIP APPLICATION

**PLEASE PRINT CLEARLY**

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ALL MINOR drivers listed below are required to show proof of age (copy of birth certificate) with this application.** If there are more than 3 drivers per family, just print out this form again and add the additional information. Please type in N/A if the line is not applicable. In applying for membership in the SIMA Kart Club, applicant(s) agrees to comply with the "spirit and intent" of the "Club Rules" as adopted by the Club (listed on this site) and any related rules, regulations and tech requirements imposed by the International Karting Federation (IKF). Failure to abide by these requirements may result in suspension of the applicant's membership.

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

### Driver 1

Name (First): \_\_\_\_\_ Last: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Kart # \_\_\_\_\_ Transponder# \_\_\_\_\_

Class: \_\_\_\_\_ # Years racing \_\_\_\_\_

### Driver 2

Name (First): \_\_\_\_\_ Last: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Kart # \_\_\_\_\_ Transponder # \_\_\_\_\_

Class: \_\_\_\_\_ # Years racing \_\_\_\_\_

### Driver 3

Name (First): \_\_\_\_\_ Last: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Kart # \_\_\_\_\_ Transponder \_\_\_\_\_

Class: \_\_\_\_\_ # Years racing \_\_\_\_\_

**Family Dues - \$125.00** (family members **must** reside in the same household):

Office Use: CHK # \_\_\_\_\_ Check Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Board Member: \_\_\_\_\_

Please send this completed form and fees to: 529 West Front Street Sumas, WA 98295