

## Camberley Kart Club 2020 Membership Application



## PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS

Applicant Details:			(If U18)	
Name:	Name:		D.O.B	
Address:				
Post Code:				
Tel No:				
Email Addre	ess:			
MSA Licenc	e Number:			
Fees (please				
	Family (Up to 4 Drivers)		£100	
	CKC Annual Membership Associate (non driving)		£50 £5	-
Additional Family M	lembers Details			<u>(if U18)</u>
1 <sup>st</sup> Additional Name:		Signature: .		DOB:
2 <sup>nd</sup> Additional Name: Signa		Signature: .		DOB:
3 <sup>rd</sup> Additional Name	e:	Signature: .		DOB:
l Agrae te chide bu	the rules applied by Camb	orlov Kort C	Nicola	
Agree to ablue by	the rules applied by Camb	eriey Kart C	Jub	
Signed:			Date:	
Counter Signature(Required if any applicant is under 18)			Date:	
Total Amou	nt Payable £			
All forms must be completed fully, signed and have the correct fee included. Failure to do this will result in a				

delay in processing your membership

Return to:

Membership Secretary, The Lawns, Woods Lane, Basingstoke, RG25 2JG