



ADELAIDE SUPERKART CLUB Inc.

2019 Membership Application Form

Enquiries : Ian Williams ph 08 8340 9288 bus hours.
email : iwt@iwt.com.au

Membership Officer
Adelaide Superkart Club Inc
PO Box 256
Brompton
SA 5007

Website : superkart.net.au

Primary Member

Name: _____ Date of Birth ___/___/___

Address: _____

Postcode: _____

Phone: (W) _____ (H) _____ Mobile _____

Email Address: _____

Family Member Licence Holders

Name: _____ Date of Birth ___/___/___

Phone: (W) _____ (H) _____ Mobile _____

Email Address: _____

Signature: _____

Name: _____ Date of Birth ___/___/___

Phone: (W) _____ (H) _____ Mobile _____

Email Address: _____

Signature: _____

Membership Types and Fees :

Full renewal \$185 Full new \$0 Family \$230 Junior \$0 Life

Interstate \$0 --- Home Club: _____ Membership No: _____

Membership Fee paid by: EFT CHEQUE CASH MONEY ORDER CREDIT CARD

EFT Details:

(please include your name as reference)

Adelaide Superkart Club Inc

BSB 015300

A/C 349735552

Credit Card Details:

Number: _____

Expiry: _____

CVV: _____

What Class of Superkart do you intend to race ?

Junior Rotax Senior Rotax Stock Honda 125cc Gearbox 250cc Gearbox

Your previous kart number was _____ Do you wish to retain this number for 2019 ? Yes No

Amount enclosed: \$ _____

Applicant's Signature _____

How did you find out about Superkarting and the Adelaide Superkart Club ?

* Family Membership is for up to 3 members of the same family living at the same address

* Life members are not required to pay a fee, but are requested to return a Membership Application Form with current contact details

***Membership Application Form must be returned and payment received before Membership Card can be issued.**

CLUB USE ONLY

Date Application received: ___/___/___

Correct payment received: Yes No

Membership Card sent: ___/___/___

Membership Number(s) issued: _____

Original to Membership File / Copy to Race Secretary
