



Membership Application Form

Full Name: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MSA Licence No: \_\_\_\_\_

(If applicable state "Over 18")

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

Transponder No: \_\_\_\_\_

*I hereby apply for membership to the Kent Kart Racing Club for the period from the time of this application until 30<sup>th</sup> April 2010. I agree to abide by the Club's rules.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

If the applicant is under the age of 18 years of age the following section must be completed by their parent/legal guardian. The Kent Kart Racing Club operates in accordance with the MSA Child Protection Policy and Guidelines

**I am the parent/legal guardian of the applicant and agree to their membership of the Kent Kart Racing Club**

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

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

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

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**Please send the completed form together with membership fee of £30 to:**

**The Membership Secretary, Kent Kart Racing Club,  
Lydd International Raceway, Dengemarsh Road, Lydd, Kent, TN29 9JH.**  
(Please make cheques payable to the Kent Kart Racing Club or KKRC)

Please be advised that these details will be stored on a computer in accordance with the requirements of the Data Protection Act. They will not be provided to other people or organisations without your permission. If you do not agree with this please contact the Membership Secretary (01797 321895)

Application Received Date	Application Processed Date	Membership No Allocated	Signature
For KKRC Use Only			