

2012

Atlantic Motorsport Karters Membership Application
Please print clearly, and ensure you fill in all the information required



Driver Membership

Driver's Name: _____ Membership #:
Date of Birth: _____
Address: _____
City: _____ Province: _____
Tel # : () _____ Postal Code: _____
Cell #: () _____
Email address: _____
Class entered: _____
Racing Number requested: _____ or _____
Driver's Signature: _____
Parent / Guardian's Signature: _____

Associate Membership :

Subsequent Associate Member:

Membership #: Name: _____
Address: _____
Signature: _____

Membership #: Name: _____
Address: _____
Signature: _____

You must provide AMKA with other documents as required in the ASN Karting Regulations and AMKA Supplementary Regulations and as listed on the AMKA website.

Fees

- Individual per year fee: \$ \$75.00
- Associate member per year fee: \$ \$25.00
- Each subsequent associate member per year fee: \$ \$12.50

Methods of payment: Cash Cheque Amount = _____

No Hst Is added on AMKA Memberships at this time.

****At least one associate membership is required to accompany any membership application for a driver under 19 years old**

TOTAL FEES

Total Payable: \$ _____ Date: _____

Please make all cheques payable to the "Atlantic Motorsport Karters Association"

****Upon signing this form any and all above named members agree to respect and abide by all ASN Karting Regulations and the AMKA Supplementary Regulations as amended from time to time.**