



P.O. BOX 1144 PINELLAS PARK, FL 33780-1144

**MEMBERSHIP APPLICATION**  
(PLEASE PRINT CLEARLY)

**MASTER MEMBER INFORMATION:**

(must be 18 years of age or older)

NAME \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ DRIVER? Y/N \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ CLASS \_\_\_\_\_ KART # \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**ASSOCIATE MEMBER(S) INFORMATION:**

NAME \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELATION \_\_\_\_\_ CLASS \_\_\_\_\_ KART # \_\_\_\_\_

NAME \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELATION \_\_\_\_\_ CLASS \_\_\_\_\_ KART # \_\_\_\_\_

NAME \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELATION \_\_\_\_\_ CLASS \_\_\_\_\_ KART # \_\_\_\_\_

**ADDITIONAL INFORMATION:**

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

WOULD YOU OR YOUR COMPANY BE INTERESTED IN SPONSORING A KART CLASS? Y/N \_\_\_\_\_

BUSINESS NAME AND TYPE \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

MASTER MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please make check payable to: Tri City Kart Club, Inc. and mail to Treasurer**

P.O. Box 1144 Pinellas Park, FL 33780-1144

Master Membership \$25.00 Associate Membership(s) \$5.00 each  
Reserve Kart Number \$5.00 per kart (each class)