



SHENINGTON KART RACING CLUB LIMITED

Affiliated to Association of British Kart Clubs

Racing Membership Application

For The 2012 Season



Membership Secretary: Sonja Game, 16 Graham Road, BICESTER, Oxon OX26 2HP
Tel 01869 320 157 Fax 01869 247 981 Email: skrc-compsec@hotmail.co.uk

- Membership of the Club entitles you to the following:
- Use of the circuit on test days at a reduced rate
 - Discount on race entry fees
 - Automatic registration for the Club Championship

APPLICATION - PLEASE PRINT CLEARLY

**PLEASE EMAIL OR ATTACH A RECENT PHOTOGRAPH (EMAIL ADDRESS ABOVE)
THIS WILL BE PRINTED ON YOUR MEMBERSHIP CARD**

Full Name:		Class:	
Address:		Race No: 1 st Choice _____ 2 nd Choice _____	
Postcode:		Daytime Tel No:	
Fax No:		Evening Tel No:	
Email: <small>(enables automatic confirmation)</small>		Mobile Tel No:	
Licence No:		Transponder No:	
Age:		Date of Birth:	

Membership applications to be sent to the Membership Secretary **ONLY** (address above).
Please include Post & Package £1.00

I hereby apply to become a member of Shenington Kart Racing Club and agree to abide by the Club Rules and Regulations. I understand that Membership details are held on Computer files, and that such information will be subject to the Data Protection Act 1998. I also understand that my email address will be added to the club's mailing list and that every email sent will contain a link enabling me to unsubscribe from the list if I so wish.

You must be in possession of a Club Membership Card and an MSA Competition Licence in order to take part in a race meeting.

Signed:	Counter Signed (if under 18 yrs):	Date:
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MEMBERSHIP FEE IS **£70.00** - Renewable on the 1st of January each year

Discounts: Any family that has two or more children racing in the Junior Classes will get a discount of £5.00 for each child's race membership.

Please choose your payment method for the following amount:

£ .

I wish to pay by cheque

Please make your cheque payable to SKRC Ltd, write your name, class and race number on the reverse and enclose with this form.

I wish to pay by Debit/Credit Card (acceptable cards are: Visa, MasterCard, Maestro, Visa Delta, Visa Electron & Solo) **3% surcharge on card payment**

Card No:

Start Date: Expiry Date: Security Code: Issue No:

Name on Card: Signature: