

AKRA Associate Application

- New / Renewal / Temp (Current # _____)
 Master Associate Fee: \$45.00
 Jr. Associate Fee: \$15.00 (Master Associate # _____)



Send To: American Kart Racing Association, Inc.
7229 Landsford road
Monroe, NC 28112
Phone: (704)764-8138
Fax: (704)764-9220

2018

Associate Information

Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Fax Phone: _____ Email Address: _____
Date of Birth: _____ Last 4 digits of Social Security #: _____

Jr. Associate Information

Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Fax Phone: _____ e-mail Address: _____
Date of Birth: _____ Last 4 digits of Social Security #: _____

2-Cycle 4-Cycle Enduro Pavement Dirt

Previous Racing Experience: _____
(Use Back of Page if More Room is Needed)

Emergency Medical Information

In case of emergency contact:
First Name: _____ Last Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Health Insurance Carrier: _____
Emergency Medical Data: _____

Applicant Signature

All information contained in this application for membership is true and correct. Applicant understands that motor racing can result in personal injury or death. Applicant accepts these risks associated with this form of motor competition and by signing this application, agrees not to sue or hold liable the American Kart Racing Association, its owners, board members, officials, staff, sponsors, promoters, participants, or lessees.

Signature of Applicant Date

If Applicant is a Minor, a Minor's Release Must Be Signed and On File

(Attached)

Photocopy of Minors certified birth certificate must be submitted with this application and remain on file with American Kart Racing Association.

Signature of parent or guardian Date