



2024 MEMBERSHIP APPLICATION

(Incomplete Forms Will Not Be Accepted)

New Member
 Past Member - # of Years _____
 Membership # _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address : _____

Home Phone: (____)____ - _____ Work: (____)____ - _____ Cell: (____)____ - _____

Occupation: _____

DRIVER'S INFORMATION

Driver's Name	New Driver	Class	Kart #	Birth Date	Age as of 1/1/24
	Y / N				
	Y / N				
	Y / N				
	Y / N				
	Y / N				

COMMITTEE

3 SELECTIONS MUST BE MADE BELOW IN ORDER OF PREFERENCE

Select 3 choices for committee work numbered in your order of preference 1, 2, and 3. This must be done even if you wish to apply as a non-committee member. All committee positions must be filled before a non-committee choice is allowed. You will be notified of your placement. *Please note you may be appointed to a committee that may not be one of your choices and/or may have your committee changed at a later date due to operational needs.*

- | | |
|------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Track | <input type="checkbox"/> Pit Passes after Sign In |
| <input type="checkbox"/> Weights | <input type="checkbox"/> Setup/Breakdown |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Tech (Certification Req.) |
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Transponders |

MEMBERSHIP FEE IS \$125 (ADDITIONAL \$25 LATE FEE FOR MEMBERSHIPS NOT RENEWED BY THE COMPLETION OF THE FEBRUARY CLUB MEETING. MEMBERSHIP FEE WITH NO RAFFLE RESPONSIBILITIES IS AN ADDITIONAL \$125 PER EACH MEMBER WITH RAFFLE TICKET RESPONSIBILITIES

By Signing this application, I agree to be bound by the Rules and By Laws of the Nutmeg Kart Club. I further agree that a copy of the current rules will be kept in each pit.

SIGNATURE: _____

DATE: _____

(Forms can be mailed to: Nutmeg Kart Club PO Box 197 E Berlin, CT 06023)

(FOR CLUB USE ONLY)

Date Paid: _____ Amount: _____ [] CASH [] CHECK CHECK # _____

Date Approved: _____ Committee: _____

COMMENTS: