

AKRA Membership Application

New / Renewal / Temp (Current # _____)

Master Associate Fee: \$65.00

Junior Associate Fee: \$20.00 (thru age 17)

(Junior Associate Current # _____)



Mail with check to:
AKRA LLC
PO Box 2023
Tifton, GA 31794
Phone: 229-848-0483

Now, skip the mail-in form and purchase or renew your membership online at akraracing.com! (optional)

Associate Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Last 4 digits of Social Security #: _____

Junior Associate Information

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Last 4 digits of Social Security #: _____

What type of kart racer are you? (circle all that apply)

2-Cycle

4-Cycle

Road Racing

Sprint

Dirt

Racing Experience:

(Use Back of page if more room is needed)

Emergency Medical Information

In Case of Emergency Contact:

First Name: _____ Last Name: _____

Relationship: _____

Cell Phone: _____ Other Phone: _____

Health Insurance Carrier: _____

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Emergency Medical Data (if any):

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 Road-Racing Alliance LLC, 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 AKRA LLC.

Signature of parent or guardian

Date