

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Mobile Phone _____
e-mail _____
Transponder No. _____ SRRS Permanent No. _____



2024 Membership Form

WKA Membership is not required, but if you are a WKA member, please provide:

WKA No. _____ Expiration _____ Endorsement _____

Best way to send club information (i.e. newsletters, entry forms, etc.)

- Mail e-mail
 My family member is also a member, please don't send duplicate information.

Membership Type

- Active Member - \$35
 Junior Member – no charge (under 18, family member is an Active member)

Activity Interests (check all that apply)

- Competitor
 Volunteer (check all that you are interested in learning)
 Grid Kart Pickup Registration Timing & Scoring
 Scales Pre-Race Tech Post Race Tech Flagger

Please make check payable to: Southern Kart Club
PO Box 155
Grant, FL 32949

Questions? E-mail us at skc_membership@bellsouth.net

Thank you for your interest in the Southern Kart Club. Please check www.southernkartclub.com frequently for updates. See you at the races!

SKC USE ONLY

Date Received _____ Payment Type _____
Member No. _____ Amount \$ _____
Member Type _____ Entered _____
Card No. _____ Mailed _____