



Name _____
Address _____
City _____ State ____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Fax _____ e-mail _____
WKA No. _____ Expiration _____ Endorsement _____
Transponder No. _____ SRRS Permanent No. _____
SKC member number: _____

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

- Mail e-mail Fax
 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 Dominic Greco at Dominic.Greco@va.gov

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 _____