



TRINIDAD & TOBAGO KARTING ASSOC.

P.O BOX 4588, St.James, Trinidad & Tobago,
ttkarting.com

APPLICATION FOR MEMBERSHIP

Applicant's Name (Block Letters):		Date of Birth (dd/mm/yy):	
Home Address:		Blood Type:	
Occupation:		Business Address:	
Contact Information:			
_____	_____	_____	_____
Home	Work	Mobile	email address
Declaration: I hereby apply for membership in the Trinidad and Tobago Karting Association and agree, if accepted, to abide by the rules governing the Association.			
_____		_____	
Date of Application		Signature of Applicant or Parent/Guardian if under 18	
Recommendation: This is to certify that the Applicant is personally known to us and is a proper person to be elected to this Association.			
_____		_____	
Proposed by (Block letters)		Signature	
_____		_____	
Seconded by (Block letters)		Signature	
N.B. All information must be given for processing of the application. Entrance and subscription fees must accompany all applications.			
<u>OFFICIAL USE ONLY</u>			
Application accepted :		Approved by/Date : _____	
YES ()		NO ()	
If No state reason :		Signature of Committee Member	