

# AKRA Associate Application

New / Renewal / Temp (Current # \_\_\_\_\_)  
Master Associate Fee: \$45.00  
Jr. Associate Fee: \$15.00 (Master Associate # \_\_\_\_\_)



Send To: American Kart Racing Association, Inc.  
7229 Landsford road  
Monroe, NC 28112  
Phone: (704)764-8138  
Fax: (704)764-9220

2021

## Associate Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_  
\_\_\_\_\_

## Jr. Associate Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_  
\_\_\_\_\_

2-Cycle

4-Cycle

Apple Enduro

Pavement

Dirt

Previous Racing Experience:

\_\_\_\_\_  
(Use Back of Page if More Room is Needed)

**Emergency Medical Information**

In case of emergency contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Emergency Medical Data: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Racing Association, 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 American Kart Racing Association.***

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date