I.K.F. Regular Membership Application

International Kart Federation
1609 South Grove Avenue, Suite 105, Ontario, CA 91761 Tel: (909) 923-4999 Fax: (909) 923-6940
www.ikfkarting.com

OFFICE USE ONLY
Paid: _____
Check #: _____
Club: _____
_____

❑ New Membership
❑ Renewal, Last I.K.F. Card #: _____

❑ Regular Membership $60.00/1 Year
❑ Outside N.A. Continent $60.00/1 Year
❑ Airmail Additional $40.00/1 Year

ALL PAYMENTS MUST BE IN U.S. FUNDS. Includes Membership Card, Patch, Decal, Grand Nationals Yearbook, and Rule Book.

❑ Check if you would like an I.K.F. patch.

ALL NATIONAL MEMBERS MUST BE 18 YEARS OF AGE OR OLDER. Those under 18 must be a Family Member to their parent or legal guardian.

National Member's Name: _____ Age: _____ Birthdate: _____ $ _____

Address: _____ Jacket Size: _____

City/State: _____ Zip Code: _____

Home Phone:( )_____ Wk:( ) _____ Fax:( ) _____

E-mail Address: _____

Occupation: _____ Do you have Health Insurance?: ❑ Yes ❑ No

Name of Health Insurance Company: _____

FAMILY MEMBERSHIP ($10.00 EACH):
Family Members must be at least 5 years of age or older. Family Members are a National Member's spouse and/or children under the age of 18.
Note: Family members cannot vote and do not receive Karter News.

Name: _____ Age: _____ Birthdate: _____ Jacket Size: _____ $ _____

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ROAD RACE (ENDURO) LICENSE APPLICATION
NOTE: Novice Road Race license applicants must include a $10.00 one-time fee in addition to their annual Membership fee.
A Road Racing license may be used to participate in any I.K.F. event (Sprint, Speedway, etc.)
All applicants must be 13 years of age during the calendar year. (If you hold a WKA or KART Road Racing license, please enclose a photocopy of it.)

Name of License Applicant: _____ $ _____

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ALL CHECKS SHOULD BE MADE PAYABLE TO I.K.F - PLEASE DO NOT SEND CASH. **TOTAL AMOUNT PAID:** **$** _____

AGREEMENT: (MUST BE DATED AND SIGNED) If accepted as a member by the International Kart Federation, I, (and including my immediate family, son, daughter, brother, sister, father, mother) agree to abide by the rules and regulations of the organization. I understand that all official publications of the I.K.F. will be sent to me as published during my membership. I represent that all statements made on this application are true to the best of my knowledge.

Signature: _____ Date: _____

Please indicate your I.K.F. participation:

- ❑ **Sprint**
- ❑ **Speedway**
- ❑ **Road Race/Enduro**
- ❑ **Shifter**
- ❑ **Speedway Midget**
- ❑ **TaG**
- ❑ **Press**
- ❑ **Sponsor**
- ❑ **Mechanic**
- ❑ **Manufacturer**
- ❑ **Crew**

CHARGE CARD
Bill my charge card: ❑ VISA ❑ MasterCard

Card Number: _____ Exp. Date: _____

Card Owner's Name: _____ Card Owner's Signature: _____

AUTOMATIC MEMBERSHIP RENEWAL CONSENT FOR CREDIT CARD APPLICANTS ONLY (MUST BE DATED AND SIGNED) I hereby authorize the IKF to charge my credit card account stated on this Membership Application for renewal of said applicants on this form. A renewal notice will be sent by the IKF approximatley 30 days prior to my membership expiration and charge date. I agree that any attached Parental Consent Form(s) for any minor Family Member(s) will be valid for 2 years. Membership will not be renewed if credit card is denied.

Signature: _____ Date: _____

ALL CLAIMS OR DISPUTES AGAINST I.K.F., ITS DIRECTORS, OFFICERS, OR EMPLOYEES, ARISING OUT OF THIS MEMBERSHIP OR I.K.F. SPONSORED EVENTS IS SUBJECT TO BINDING ARBITRATION, UNLESS THE PARTIES MUTUALLY AGREE OTHERWISE IN WRITING. THE ARBITRATION SHALL BE HELD IN ONTARIO, CALIFORNIA OR OTHER MUTUALLY AGREED UPON VENUE. THE ARBITRATION SHALL BE CONDUCTED BY AN AGREED UPON ARBITRATOR, AND DECIDED IN ACCORDANCE WITH THE LAW OF THE STATE OF CALIFORNIA OR CCP § 1280 ET SEQ., OR SUCH OTHER LATER ENACTMENT. THE PREVAILING PARTY IN ANY ARBITRATION ACTION SHALL BE AWARDED REASONABLE COSTS AND EXPENSES, INCLUDING EXPERT WITNESS FEES AND ATTORNEY FEES.

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