International Kart Federation 33175 Temecula Pkwy, Ste. 233 Temecula, CA 92592 Tel: (951) 491-0808 Fax: (951) 491-0809

□ One-Event National Membership: \$20.00 □ Event, Location: □ Event Dates:		Membe dates li for full event. (All payments must be in U.S. funds. Temporary Membership for participation in one event for the dates listed. No voting privileges. You may apply for full Membership proir to the end of this event. One-Event fee will be deducted from the cost of full Membership fee.		OFFICE USE ONLY Paid: Check #: Club:		
NOTE: NO PUNCHES OR POINTS WILL BE AWARDED WITH THE ONE EVENT MEI	MBERSHIP.			•		Jiub	
ALL NATIONAL MEMBERS MUST BE 18 YEARS OF AGE OR OLDER. Those under	18 must be	a Family Member to their	par	rent or legal guardian.			
National Member's Name:		Age:	_	Birthdate:		\$	20.00
Address:			_	Jacket Size:			
City/State:			_	Zip Code:			
Home Phone:() Wk:()		Fax:()			
E-mail Address:			_				
Occupation: Do you	have Health I	nsurance?: 🗆 Yes 🗆 N	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 Note: Family members cannot vote and do not receive Karter News.	a National M	ember's spouse and/or c	chile	dren under the age of 18.			
Name:	Age:	Birthdate:		Jacket Size:		\$	
Name:	Age:	Birthdate:		Jacket Size:		\$	
Name:	Age:	Birthdate:		Jacket Size:		\$	
ROAD RACE (ENDURO) LICENSE APPLICATION NOTE: Novice Road Race license applicants must include a \$15.00 one-time to a Road Racing license may be used to participate in any I.K.F. event (Sprint, All applicants must be 13 years of age during the calendar year. (If you hold a WKA	Speedway, e	tc.)					
Name of License Applicant:						\$	
Name of License Applicant:						\$	
ALL CHECKS SHOULD BE MADE PAYABLE TO I.K.F - PLEASE DO NOT SEND CASH. TOTAL AMOUNT PAID:						\$	
ing my immediate family, son, daughter, brother, sister, father, mother) agree to abide by the rules and regulations of the organization. I represent that all statements made on this application are true to the best of my knowledge.						ce/Enduro 🗆 Me	ess onsor echanic
Signature:		_ Date:			□ Shifter □ Speedw □ TaG		nnufacturer ew
CHARGE CARD Bill my charge card: □ VISA □ MasterCard							
Card Number:		Exp. Date:					
Card Owner's Name:		Card Owner's Signature:	:_				_
ALL CLAIMS OR DISPUTES AGAINST I.K.F., ITS DIRECTORS, OFFICERS, OR EMPLOYEES, ARISIN	IG OUT OF THIS	s membership or i.k.f. spo	ONSO	ORED EVENTS IS SUBJECT TO BI	NDING ARBITRA	TION, UNLESS THE PAR	fies 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

EXPENSES, INCLUDING EXPERT WITNESS FEES AND ATTORNEY FEES.

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 revised 02-13-13