



The Secretary
 Unit 107, 20A Lexington Drive,
 Bella Vista, NSW 2153.
 Fax: 02 8213 3658
 Email: secretary@teka.com.au
 Website: www.teka.com.au

MEMBERSHIP APPLICATION

I hereby apply for membership/membership renewal of The Endurance Karting Association Incorporated (TEKA). In the event of my admission as a member I agree to be bound by the current rules of the association. Membership is for 12 months from the date of issue of an AKA licence. For TEKA Membership only (with no AKA licence) membership is for the 2009 calendar year.

First Name(s):		Surname:	
Address:			
Suburb/Town:		State:	Postcode:
Home :		Mobile:	
Work:		Fax:	
Email:			
Date of Birth: / /		New Members Only	
Signature of Applicant			
		Print Name:	
Date:		Date:	

TYPE OF MEMBERSHIP (Please tick/circle)

- TEKA MEMBERSHIP ONLY\$ 40.00
 - TEKA MEMBERSHIP + NEW AKA LICENCE\$ 285.00
 - TEKA MEMBERSHIP + AKA LICENCE RENEWAL\$ 262.00
 - AKA FULL LICENCE UPGRADE FROM SEL (existing members, within 30 days)..\$ 170.00
 - TEKA MEMBERSHIP + AKA SINGLE EVENT LICENCE\$ 122.00
 - AKA SINGLE EVENT LICENCE (existing members).....\$ 82.00
- Please note that Practice Licences will not be issued in 2009.

If paying by cheque, please make cheques payable to The Endurance Karting Association

CREDIT CARD PAYMENTS TYPE OF CARD (Please circle) VISA BANKCARD MASTERCARD

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPIRY DATE				CID		AMOUNT \$			

NAME ON CARD

SIGNATURE OF CARDHOLDER