



NSW blokart CLUB

www.nswblokartclub.com INC. 9889001

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info@nswblokartclub.com

SURNAME.....FIRST NAME.....

(only if required)OTHER FAMILY MEMBERS' NAME(S):

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POSTAL ADDRESS:

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EMAIL ADDRESS.....@.....

HOME PHONE..().....

WORK PHONE..().....

MOBILE.....

MEDICAL CONDITIONS.....

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NB:Please fully read NSW Blokart Rules & Regulations before signing below. (Rules can be found on Club website www.nswblokartclub.com)

DO YOU ACCEPT & WILL ABIDE BY NSW BLOKART CLUB RULES ? []YES []NO

SIGNATURE.....

PRINT NAME.....

DATE.....

THIS SECTION TO BE COMPLETED BY AUTHORISED CLUB OFFICER

Membership Valid until(Date).....

Amount paid.....

Receipt #.....

Club Officer(name) :

Club Officer(signature).....

NSW Blokart Membership #...NSWBC.....