

Membership Application/Indemnity Form

| Member Name & Surname (must be over 18) | | | | |
|---|--------|--|--------|--|
| Member ID no | | | | |
| Member cellphone number | | | | |
| Member Address | | | | |
| Member e-mail address | | | | |
| Driver Name & Surname (if under 18) | | | | |
| Driver cellphone number | | | | |
| Type of RC Cars | | | | |
| Classes for Racing | | | | |
| Type of membership | Social | | Racing | |
| Amount paid | R | | | |
| Payment method | EFT | | Cash | |
| Bank Details: Capitec Bank Account number: 1682683514 Branch code: 470010 Beneficiary: KRCT Reference: Your name Please send membership form and proof of payment to taniagietzmann@outlook.com I hereby state that I have read, understand and agree to adhere to the Facility Rules at | | | | |
| Kraaifontein RC Tracks. I understand that I make use of the Facility at my own risk and will not hold the Club or any members/persons liable for any damages or injuries occurred. SIGNED: | | | | |
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