



Membership Application

Dear Prospective SCCA Member:

To apply for a membership in the Sports Car Club of America, the world's largest motorsports enthusiast organization, please complete the form below and return, with payment, to SCCA Membership Department, P.O. Box 299, Topeka, KS 66601-0299.

PLEASE PRINT OR TYPE

Name _____ Birthdate _____

Address _____ Telephone _____

City _____ State _____ Zip _____

E-mail _____

Spouse Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Primary Interest:

Please indicate the area of SCCA in which you plan to participate, or interests you the most.
(please check only one box)

- Club Racing Time Trials/PDX Rally RallyCross Solo Vintage Pro Racing

Membership Dues

(Includes region dues)

- | | | | |
|-------------------------------------|---------|---|----------|
| <input type="checkbox"/> Individual | \$80.00 | <input type="checkbox"/> Family | \$121.00 |
| <input type="checkbox"/> Spouse | \$28.00 | <input type="checkbox"/> First Gear
(24 yrs & under) | \$45.00 |

Amount Due

Membership Amount \$ _____

Weekend Membership #1 _____ -\$15.00

Weekend Membership #2 _____ -\$15.00

Referred by SCCA Member _____ # _____ -\$15.00

First / Last Name & Member Number REQUIRED

TOTAL DUE \$ _____

***I will become a member in the region I reside in or place me in _____ region.
By accepting membership in the SCCA and any SCCA Region I agree to conduct myself according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members.***

Applicant's Name (Signature Required)

Date (Required)

Payment Method: Check Credit Card Money Order

Visa/MasterCard (only) Acct# _____ Exp. _____

Applications submitted by fax must be accompanied by a Visa or MasterCard account number for payment.