



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 _____

Have you been an SCCA member before? No Yes: Year _____ Previous Member# _____

Membership Dues (Includes region dues)

- Individual \$80.00
- Spouse \$25.00
- Family \$120.00
- First Gear (24 yrs & under) \$45.00

Spouse Name _____ Birthdate _____

Children Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

The SCCA's Weekend Membership Program is for non-members to participate in SCCA event. Effective January 1, 2008 all competitors are required to be SCCA members or weekend members. The \$15 discount can be used toward your first year's dues by using your weekend membership number. The maximum amount that may be applied is \$30 and expires in 60 days (date on receipt).

Weekend Membership # _____

The SCCA's Membership Referral Program is an incentive for current SCCA members to refer new members. By providing the name and membership number below of the SCCA member who sparked your interest in the SCCA, you are granted a \$15 discount toward your first year's dues and your SCCA friend will receive a credit on their membership renewal.

Referred by SCCA member: _____ # _____
(First / Last Name & Member Number required)

Primary Interest(s) In SCCA:

Please indicate the area(s) of SCCA in which you plan to participate, or which interest you most. Your response will be used to allocate your national dues to the areas you indicate. Thank you.

- Club Racing
- Pro Racing
- Rally
- Solo

I hereby apply for membership in the Sports Car Club of America, Inc. and the NORTHWEST (27) Region of the SCCA. (Region Name)
By accepting membership in the SCCA and the SCCA Region named above all members agree to conduct themselves 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. _____ Total Amount Enclosed \$ _____

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

Dues include payment for subscription To SportsCar (\$24 value)
Dues are not deductible as charitable contributions

05/08