



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

- | | | | | | |
|-------------------------------------|---------|--|----------|-----------------------------------|---------|
| <input type="checkbox"/> Individual | \$75.00 | <input type="checkbox"/> Family | \$115.00 | <input type="checkbox"/> Military | \$45.00 |
| <input type="checkbox"/> Spouse | \$25.00 | <input type="checkbox"/> First Gear (24 yrs & under) | \$45.00 | | |

Spouse Name _____ Birthdate ____ / ____ / ____

Children Name _____ Birthdate ____ / ____ / ____

Name _____ Birthdate ____ / ____ / ____

Name _____ Birthdate ____ / ____ / ____

Name _____ Birthdate ____ / ____ / ____

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

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.

*I hereby apply for membership in the Sports Car Club of America, Inc. and the _____
Region of the SCCA. (Region Name)
By applying for membership I agree to abide by the bylaws of the SCCA and the SCCA Region named above.*

Applicant's Name (Signature Required)

Date (Required)