

Membership Application

Sports Car Club of America, Inc.



Dear Prospective SCCA Member:

To apply for membership in the Sports Car Club of America, the world's largest member participation automotive organization, please complete the form below *in full* and return, with payment, to your Region or the SCCA Membership Department, P. O. Box 3278 DTC, Englewood, CO 80155.

PLEASE PRINT OR TYPE

Applicant's Name _____ Date of Birth _____

Home Address _____ Telephone _____

City _____ State _____ Zip Code _____

Business Address _____ Telephone _____

City _____ State _____ Zip Code _____

Occupation _____ Marital Status _____ Spouse's Name _____

Additional family membership names & ages (if applicable) _____

Have you been an SCCA Member before: _____ No _____ Yes _____ Year.

I am interested in the following areas of SCCA activities:

Pro Racing Club Racing Road Rally Pro Rally Solo Worker/Official Other _____

(Indicate with an "X" which address you wish mail sent to, and which telephone – or both – you prefer listed in the Region's roster.)

Membership in the Sports Car Club of America is dual – National and Regional. Dues are for one (1) year from the date of payment. Make one check/M.O. for the total amount payable to: SCCA, Inc.

Annual National Dues		Annual Regional Dues		Total
Regular Member	\$35.00	Regular Member	\$ <u>10.00</u>	\$ <u>45.00</u>
Spouse Member	5.00	Spouse Member	\$ _____	\$ _____
Junior Member	20.00	Junior Member	\$ _____	\$ _____
Family Membership	50.00	Family Membership	\$ _____	\$ _____

OFFICE USE ONLY

Spouse must be Regular member's spouse. Junior and family junior members must be under 18 years old.

I hereby apply for membership in the Sports Car Club of America, Inc., and its _____ Region and agree to abide by the bylaws.

Applicant's Signature _____ Date _____

Enclosed is my check or money order for \$ _____ U.S.

Bank Americard _____ Master Charge No. _____
 or VISA No. _____ Expiration Date _____ Interbank I.D. No. _____ Expiration Date _____

Signature _____