



Membership Application



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 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 _____ County _____
 E-mail _____

Have you been an SCCA member before? No Yes: Year ____ Previous Member # ____
 Single Married Spouse's Name _____ Birthdate ____ / ____ / ____
 Spouse Member Number If Current Member _____

IF APPLYING FOR FAMILY MEMBERSHIP Please list names and ages of children under age 21:

Name _____ Birthdate ____ / ____ / ____
 Name _____ Birthdate ____ / ____ / ____
 Name _____ Birthdate ____ / ____ / ____
 Name _____ Birthdate ____ / ____ / ____

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

Annual National Dues		Annual Regional Dues		Total	
<input type="checkbox"/> Individual Member	\$ 60.00	+	Individual Member	\$ 20 00	= \$ 80.00
<input type="checkbox"/> Spouse Member	\$ 20.00	+	Spouse Member	\$ 5 00	= \$ 25.00
<input type="checkbox"/> Family Member	\$ 95.00	+	Family Member	\$ 25 00	= \$ 120.00
<input type="checkbox"/> First Gear	(you must be age 21 and under)			\$ 45.00	

Enclosed is my check or money order for \$ _____ U.S. DO NOT SEND CASH.

Visa/Master Credit Card No. _____ Expiration Date _____

I hereby apply for membership in the Sports Car Club of America, Inc. and _____ **NORTHWEST 27)**
and agree to abide by the bylaws. (Region Name / Number)

Applicant's Signature _____ **Date** _____

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