



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 ____ / ____ / ____

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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)