



SCCA
Sports Car Club of America
800.770.2055 • www.scca.com

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 in full and return, with payment, to your region or the SCCA Membership Department at PO Box 19400, Topeka, KS 66619-0400.

PLEASE PRINT OR TYPE

Name _____ Birthdate ____ / ____ / ____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____ County _____

E-mail _____

Single Married Spouse's Name _____ / _____

Member Number if Current Member

IF APPLYING FOR FAMILY MEMBERSHIP (husband/wife and children), list names and ages of children **under age 21**:

03 Name _____ Birthdate ____ / ____ / ____

04 Name _____ Birthdate ____ / ____ / ____

05 Name _____ Birthdate ____ / ____ / ____

06 Name _____ Birthdate ____ / ____ / ____

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

Please send me a Crew License (check box)

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 ProRally RoadRally Solo

	Annual National Dues		Annual Region Dues		Total
01	<input type="checkbox"/> Regular Member \$55.00	+	Regular Member \$15.00	=	\$70.00
03	<input type="checkbox"/> Spouse Member \$15.00	+	Spouse Member \$10.00	=	\$25.00
10	<input type="checkbox"/> Family Membership \$85.00	+	Family Membership \$20.00	=	\$105.00

National Office Use
Only

C- _____ \$ _____

C- _____ \$ _____

C- _____ \$ _____

Source

SPEED FREAKZ® Membership (You must be under age 26)
Birthdate: ____ / ____ / ____

	National	Region	Total
15 <input type="checkbox"/> Regular SPEED FREAKZ*	\$25.00	\$5.00	\$30.00
16 <input type="checkbox"/> Competition SPEED FREAKZ**	\$45.00	\$5.00	\$50.00

*May compete in rally and solo events; may be active in many race specialties.
**Ability to hold all SCCA competition licenses.

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

VISA MC No. _____ Expiration Date _____

I hereby apply for membership in the Sports Car Club of America, Inc. and its **Southern West Virginia (#47)**
Region 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)*