



SCCA SPORTS CAR CLUB OF AMERICA SAN FRANCISCO REGION

Membership Application

To apply for membership in the Sports Car Club of America, the world's largest member participation motorsports organization, please complete the form below and return with payment to the SCCA National Office:

SCCA, P.O. Box 299, Topeka, KS 66619 or fax to 785-232-7213

Please print legibly or type

Name: _____ Birthdate: ____/____/____

Address: _____ Telephone: ____/____/____

City: _____ State: _____ Zip: _____ County _____

E-mail _____

Have you been an SCCA member before? No Yes Year _____ Number _____

SPOUSE MEMBER name: _____ Birthdate: ____/____/____

Member # of spouse (if applicable) _____

FOR FAMILY MEMBERSHIP (children must be under age 21):

03 Name _____ Birthdate: ____/____/____

04 Name _____ Birthdate: ____/____/____

05 Name _____ Birthdate: ____/____/____

Primary Interest(s): Road Racing Race Official Rally Solo 2

ANNUAL DUES

AMOUNT

Regular Member **\$85** (\$60 National/\$25 Regional)

Spouse Member* **\$30** (\$20 National/\$10 Regional)

*Spouse must be regular member's legal spouse.

Family Membership **\$125** (\$95 National/\$30 Regional)

First Gear Membership* **\$45** (\$40 National/\$5 Regional) You must be 24 years or younger

Birthdate: ____/____/____.

First Gear Members may compete in rally and solo events and may participate in many race specialties.

If under 18 you will need a parental waiver that can be obtained from the National Office [800-770-2055].

Dues include payment for subscription to *SportsCar* (\$24 value) and subscription to *The Wheel* the Region's monthly publication. Dues are not deductible as charitable contributions.

I hereby apply for membership in the Sports Car Club of America, and its San Francisco Region #33 and agree to abide by their Bylaws.

YES, please send me a crew license.

Applicant's Signature: _____ **Date:** _____

____ Enclosed is my check or money order for \$ _____ U.S. Do not send cash.

____ Visa ____ MC # _____ Expiration Date _____

Cardholder's Signature: _____ Date: _____