



Membership Application

Dear Prospective SCCA Member:

To apply for a membership in the Sports Car Club of America, the world's largest motorsport enthusiast organization, please complete the form below and return, with payment, to SCCA Membership Department, P.O. Box 299, Topeka, KS 66601-0299.

Name _____ Birthdate _____
Address _____ Telephone _____
City _____ State _____ Zip _____
E-mail _____

Spouse Name _____ Birthdate _____
Child's Name _____ Birthdate _____
Child's Name _____ Birthdate _____

Primary Interest:

Please indicate the area of SCCA in which you plan to participate, or interests you the most.

- Club Racing Time Trials/PDX Rally Rallycross Solo Vintage Pro Racing

Membership Dues

(*Includes Region dues)

- | | | | | | |
|--|----------|--|----------|--|----------|
| <input type="checkbox"/> First Gear | \$50.00 | <input type="checkbox"/> Individual | \$85.00 | <input type="checkbox"/> Family | \$105.00 |
| <input type="checkbox"/> 2 Year First Gear | \$90.00 | <input type="checkbox"/> 2 Year Individual | \$150.00 | <input type="checkbox"/> 2 Year Family | \$185.00 |
| <input type="checkbox"/> 3 Year First Gear | \$125.00 | <input type="checkbox"/> 3 Year Individual | \$215.00 | <input type="checkbox"/> 3 Year Family | \$265.00 |

* First Gear applies to members 24 years old and younger

Amount Due

Membership Amount	\$ _____
Weekend Membership #1 _____	-\$15.00
Weekend Membership #2 _____	-\$15.00
Referred by SCCA Member _____ # _____	-\$15.00

First/Last Name & Member Number REQUIRED

TOTAL DUE \$ _____

*I want to belong to **Salina (110)** Region (if no region is selected. The default region will be assigned by address). By accepting membership in the SCCA and any SCCA Region, I agree to conduct myself according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members.*

Applicant's Name (Signature Required) _____

Date (Required) _____

Payment Method:

- Check Credit Card Money Order

Auto-Renew with Credit Card (Credit Card listed below will automatically be charged National and Regional dues prior to membership expiration date.)

Visa, MasterCard or Discover (only) Acct # _____ Exp. _____ CVV# _____

Applications submitted by fax must be accompanied by Visa, MasterCard or Discover account number for payment.

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

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Military Discount

If you are in active United States Military service, you qualify for a \$35 rebate making your total dues just \$50 (\$70 for family). After joining SCCA and receiving your membership card, then mail, fax or email SCCA Member Services requesting the military rebate. Contact information for Member Services is:

Military Rebate

SCCA Inc.
6620 SE Dwight St.
Topeka, Ks. 66619

Fax: 785-232-7213
Email: militaryrebate@scca.com

* Military deployed to hazardous duty areas are eligible to have SCCA dues waived by contacting SCCA.