

Dear Prospective SCCA member:

To apply for membership in the Sports Car Club of America, the world's largest member participation automotive organization, please print and complete the form in full and return, with payment, to: Kansas City Region SCCA - PO Box 156 - Lee Summit, MO 64063



PLEASE PRINT OR TYPE

Name	Date of Birth	
Address	Telephone	
City	State	Zip
Business address	Telephone	
City	State	Zip
Occupation	<input type="checkbox"/> Single <input type="checkbox"/> Married: Spouse's name	

Which address would you like mail sent to, and which phone number, or both, would you prefer to be listed in the Region roster? Mail: Home Work Telephone: Home Work Both

What areas of SCCA activities are you most interested in?

<input type="checkbox"/> Pro Racing	<input type="checkbox"/> Club Racing	<input type="checkbox"/> Vintage	<input type="checkbox"/> Road Rally	<input type="checkbox"/> Pro Rally
<input type="checkbox"/> Worker/Official	<input type="checkbox"/> Time Trials/PDX	<input type="checkbox"/> Solo	<input type="checkbox"/> RallyCross	<input type="checkbox"/> Other _____

Membership in the Sports Car Club of America is dual - National and Regional. Dues are for one (1) year from the date of payment. Make one check/money order for the total amount payable to SCCA, Inc.

	Annual National Dues		Annual KC Region Dues		Total
Regular member	\$65	Regular member	\$20		\$85
Family membership**	\$85	Family membership**	\$25		\$110
First Gear membership	\$45	Age 24 and under			\$45

Office Use Only

**If applying for family membership (Husband, wife and/or children), indicate names and dates of birth of children under 21:

Name	DOB
_____	_____
Name	DOB
_____	_____
Name	DOB
_____	_____
Name	DOB
_____	_____

I hereby apply for membership in the Sports Car Club of America, Inc., and its Kansas City Region and agree to abide by the bylaws and 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. I require the following type of membership:

Regular membership - \$85 Family membership - \$110 First Gear - Age 24 and under - \$45

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 \$ _____

Applicant's signature _____ Date _____

Enclosed is my check or money order for \$ _____

Visa _____ Exp _____

Mastercard _____ Exp _____