



2023 MEMBERSHIP APPLICATION

Skip the paper form and join at my.scca.com

Complete and return with payment to SCCA Member Services, P.O. Box 299, Topeka, KS 66601-0299. Dues are not deductible as charitable contributions. All membership dues are non-transferable and non-refundable.

Event Information *(To be completed by a Region Official)*

Sanction # _____ Event Date(s) _____

Region Name _____

- RallyCross
- Road Racing
- RoadRally
- Solo
- Street Survival
- Track Event/Time Trial

SCCA Official's Name _____ Member # _____

Annual Member \$95

National Dues \$80 + \$15 Region Dues (varies by Region). Term is one year.

*Family memberships available at my.scca.com.

DISCOUNTS:

\$30 off National Dues for age 24 years or younger

20% off National Dues for Active Duty/United States Military Veteran. *To initiate, email Membership@scca.com

Dues include subscription to SportsCar magazine (\$24 value).

Weekend Member \$20

Term is 5 consecutive days.

I AM ATTENDING AS A:

Driver, limited eligibility check event rules for requirements

Worker

Other

Purchase earns a \$15 coupon towards Annual Membership if redeemed within 60 days. Maximum of 2 coupons.

Trial Member \$Free

Available for use one time. Limited eligibility & limited participation privileges. Term is 5 consecutive days.

This is my first Trial Membership.

I AM ATTENDING AS A:

Passenger/Ride-along

First Time Worker Training

RoadRally Driver

RoadRally Navigator

APPLICANT INFORMATION

*All fields required. Phone, email and date of birth not required for Trial Member.

SCCA Annual Minor Waiver required for Minors in hot/restricted area, as a driver, worker or passenger/ride along.

Name _____ Date of Birth _____

Address _____

City, State, Zip _____

Phone _____ Email _____

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. I will abide by the Code of Member Conduct both at SCCA-sanctioned events and away and will strive to uphold the SCCA Mission, Vision and Values and the Welcoming Environment.

Applicant's Signature REQUIRED

Date REQUIRED

Payment Method: Cash Check Credit Card

Payment Amount \$ _____

Credit Card # _____ Exp. _____ CV# _____

Payment Signature _____ Date _____

REQUIRED ONLY IF DIFFERENT FROM APPLICANT'S SIGNATURE