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 - 833 SW LeMans Lane - Lee's Summit, MO 640682

PLEASE PRINT OR TYPE

Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Business address _____ Telephone _____

City _____ State _____ Zip _____

Occupation _____ ☐ Single ☐ 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?

☐ Pro Racing ☐ Club Racing ☐ Vintage ☐ Road Rally ☐ Pro Rally
☐ Worker/Official ☐ Time Trials/PDX ☐ Solo ☐ RallyCross ☐ 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	

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 _____

Office Use Only

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

Refered 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 _____