

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:
Norma Williams, 2701 W47th Street, Westwood, KS 66205.
 If you have questions, please call (913) 262 6300.

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?

- 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.

Office Use Only

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
_____	_____

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 _____