

ANNUAL/FULL MEMBERSHIP

INDIVIDUAL

- National Dues \$80 + Region Dues (amount varies by region)
- Full Membership Privileges

FAMILY

- National Dues \$105 + Region Dues (amount varies by region)
- Full Membership privileges for an individual and their spouse, if married or in a civil union, their partner if in a domestic partnership and any children or other legal dependents under the age of 21 residing in their home

DISCOUNTS

- Discounts automatically apply and do not expire
- \$30 discount on **Individual** membership for those age 21-24
- 20% discount for Active Duty & Veterans of United States Military

CREDITS

- Credits expire on membership expiration date; renew before expiration date and credits will automatically apply
- \$10 credit for referring a new member, max of 2 credits per year
- \$15-45 VIP credit based on days worked at eligible Road Racing Events
- \$15 Weekend Membership credit (max of 2) applied towards Annual Membership

WEEKEND/TEMPORARY MEMBERSHIP (5 DAY TERM)

WEEKEND MEMBERSHIP

- Dues: Regions will be invoiced \$15 for weekend memberships issued
- Partial membership privileges include insurance coverage at SCCA member rates for term of membership
- Check rulebook/supps for membership and participation privileges

TRIAL MEMBERSHIP

- No Dues
- Partial membership privileges include insurance coverage at SCCA member rates for term of membership
- No participation privileges
- Limited use for Passengers, ride-along or worker recruitment/training. Individuals should only use a trial membership once



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

I authorize the Sports Car Club of America to charge the credit card indicated below according to the terms outlined below. This payment authorization is for the membership and amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Payment Method: Cash Check Credit Card

Payment Amount \$ _____

Credit Card # _____ Exp. _____ CVV# _____

Payment Authorization Signature _____ Date _____

REQUIRED FOR CREDIT CARDS