



# Membership Application



Central Florida Region  
Sports Car Club of America

PLEASE TYPE OR PRINT:

**\$85 Regular Membership**  
Includes \$65 National dues.

Name \_\_\_\_\_

**\$30 Spouse Membership**  
Must be legal spouse of regular member. Includes \$23 National dues.

Address \_\_\_\_\_

**\$45 First Gear (under age 25)**  
Includes \$25 National dues, Includes ability to hold Club Racing, PRO Rally or Solo1 Competition licenses.

City, State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**\$126 Family Membership**  
For regular member, spouse and children under age 21. Includes \$101 National Dues.

E-Mail \_\_\_\_\_

First Gear birth date \_\_\_\_\_

Spouse Name, if joining Club \_\_\_\_\_

**\$30 Subscription to *The Checker* only.**

Children's names and birth dates if Family membership

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total membership costs include National and Regional dues for one year. Also includes one subscription to *SportsCar Magazine* and *The Checker* per regular, First Gear, or family membership. Membership dues are not a charitable contribution.

**SCCA Region Preference Central Florida Region (83)**

I am interested in the following SCCA activities:

Pro Racing  Club Racing  Rally  Solo  Official

**MAIL Membership Chair**  
**TO: Joyce Hayward**  
**457 Drage Drive, Apopka FL**  
**32703**

I hereby apply for membership in the Sports Car Club of America, Inc. and its Central Florida Region and agree to abide by the bylaws.

**407-884-7889**  
**joycehscca@cfl.rr.com**

Enclosed is my check or cash for \$ \_\_\_\_\_ ,or

(check one)  Visa  MasterCard

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_