



Central Florida Region
Sports Car Club of America



MEMBER # _____ Region # _____

VALID THRU _____ MEMBER SINCE _____

NAME _____

ADDRESS _____

CITY _____ ST ____ ZIP _____

PHONE () _____

I UNDERSTAND MY DUAL MEMBERSHIP WITH MY REGION OF RECORD AND CENTRAL FLORIDA REGION WILL RUN CONCURRENTLY. I ALSO UNDERSTAND I WILL RECEIVE THE MONTHLY NEWSLETTER OF CFR AND WILL BE ELIGIBLE FOR POINTS IN THE CFR REGIONAL RACE SERIES.

Enclosed is my check Made payable to CFR SCCA or cash for \$25.00.
MAIL or Fax (credit card or debit card)

(check one) Visa Mastercard

Card No. _____ Security code. _____ Exp. Date _____

Signature _____ Date _____

MAIL TO:
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