



Club Racing Volunteer Membership Application

Dear Prospective SCCA Member:

To apply for a Volunteer Incentive membership in the Sports Car Club of America, the world's largest motorsports enthusiast organization, please complete the form below and return, with payment, to SCCA Membership Department, P.O. Box 299, Topeka, KS 66601-0299.

PLEASE PRINT OR TYPE

(If you have been a SCCA member in the past 18 months, you are not eligible for this program.)

Name _____ Birthdate ____ / ____ / ____
 Address _____ Telephone (____) _____
 City _____ State _____ Zip _____
 E-mail _____

Volunteer Incentive Program Annual Dues

(Get Acquainted - One weekend FREE plus a special participant's rate for an additional two years.)*

Individual Member \$30.00 Family \$45.00
 With Referral Discount -\$15 Referring Member # _____

Spouse Name _____ Birthdate ____ / ____ / ____

Children's Names _____ Birthdate ____ / ____ / ____
 _____ Birthdate ____ / ____ / ____
 _____ Birthdate ____ / ____ / ____

*** SCCA Volunteer Incentive Program reduced membership rates are renewable for second and third years by working at least four (4) days each prior year.**

List below the Region Name, Event, Date and check the Specialty Area you are applying for (required):

Central Florida 83

(Region Name) _____ (Event and Date) _____

<input type="checkbox"/> ES-Medical	<input type="checkbox"/> Flagging & Communications	<input type="checkbox"/> Registrar	<input type="checkbox"/> Starter
<input type="checkbox"/> ES-Fire/Rescue	<input type="checkbox"/> Grid/Pit	<input type="checkbox"/> Scrutineer	<input type="checkbox"/> Timing & Scoring
<input type="checkbox"/> ES-Course Marshall	<input type="checkbox"/> Race Administration	<input type="checkbox"/> Sound Control	

My signature below certifies that the named Volunteer Official performed duties at the above event, on the dates indicated, in the SCCA Club Racing® specialty shown on this application.

Specialty Chief or Registrar (Signature Required) _____ **Member Number** (Required) _____ **Date** (Required) _____

Print Name (Required) _____

My signature below certifies that I performed duties as a Volunteer Official at the above event, on the dates indicated, in the SCCA Club Racing specialty shown on this application.

Volunteer Official Name (Signature Required) _____ **Date** (Required) _____

Payment Method: Check Credit Card Money Order

Visa/MasterCard (only) Acct# _____ Exp. _____ **Total Amount Enclosed \$** _____

Applications submitted by fax must be accompanied by a Visa or MasterCard account number for payment.

Dues include payment for subscription To SportsCar (\$24 value) (Dues are not deductible as charitable contributions)