



# 2025 MEMBERSHIP APPLICATION

Skip the paper form and join at [my.scca.com](http://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](http://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](mailto:Membership@scca.com)

#### 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. \_\_\_\_\_ CV# \_\_\_\_\_

Payment Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED FOR CREDIT CARDS**