2020 Weekend or Trial Membership

Region Official to complete this entire section. Please print legibly.

☐ RallyCross ☐ Road Racing ☐ RoadRally ☐ Solo ☐ Track Event/Time Trial

Host Region: _____ Start Date of Membership: _____
Membership Valid for 5 consecutive days only

Issuing SCCA Region Official _____ # _____
Region Official's Name Region Official's Member Number

☐ Weekend Membership $15.00

This certificate provides the holder with a $15.00 coupon towards any SCCA Annual Membership within 60 days of issuance. Coupon notification will be emailed to holder.

This certificate serves as a full credential to all SCCA events **excluding** SCCA Pro Racing events and entitles the holder to officiate or compete with the proper license and waiver at any SCCA event.

Name _____
REQUIRED

Address _____
REQUIRED

City _____
REQUIRED

State _____ Zip _____
REQUIRED

Phone _____
REQUIRED

E-mail _____
REQUIRED

Birthdate _____
REQUIRED

Dues are not deductible as charitable contributions. All membership dues are non-transferable and non-refundable.

☐ Trial Membership $Free

This certificate does not provide the holder with a discount or participation privileges; it is intended for a passenger, ride-along, or worker recruitment.

Name _____
REQUIRED

Address _____
REQUIRED

City _____
REQUIRED

State _____ Zip _____
REQUIRED

Phone _____

E-mail _____

Birthdate _____

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

Payment Method: ☐ Cash ☐ Check ☐ Credit Card **Payment Amount** $_____

Credit Card # _____ Exp. _____ CVV# _____

Payment Signature _____ Date _____
REQUIRED ONLY IF DIFFERENT FROM APPLICANT'S SIGNATURE