



SOCIETY OF VINTAGE RACING ENTHUSIASTS

2022 MEMBERSHIP FORM
RACER / LIFETIME

NEW RENEWAL

Renewals are due no later than February 28, 2022

To be considered a member in good standing and Racers to retain their permanent car number

Please Print Clearly and Fill out completely to ensure our records are correct

Name: _____

Phone: Home: _____

Address: _____

Cell: _____

City: _____ State: _____ Zip: _____

Work: _____

E-mail: _____

Current Competition License(s) held: List Club, License Number and Expiration date.

Table with columns: Club Name, Lic#, Expires, Club Name, Lic#, Expires. Includes two rows for license information.

Add household members (include Spouse/Partner/Children in same household, non-voting).

Listing ages of minor children will help when you arrive at track registration.

Spouse/Partner when listed here will not count toward a racers crew member list.

Spouse/Partner: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

ADDITIONAL ITEMS: PRINTED COPIES MUST BE REQUESTED BY FEB. 28

Membership Directory: Digital Copy emailed. [] Printed Copy at event [] Mailed \$9.00

Handbook: Digital Copy available at sovrenracing.org [] Printed Copy (pick up at event)

(Requested information is to aid in the approximation quantity to order.)

Membership Card(s) will be emailed to the supplied email address.

PAYMENT INFORMATION

Choose Below

[] Racer Membership with SOVREN Comp License \$ 150.00 _____
(if accepted medical and license app submitted)

[] Racer Membership with alternate Comp License \$ 100.00 _____
(Ex: SCCA, ICSCC, FIA, etc.)

[] New Lifetime Membership \$ 1500.00 _____

Add Options

[] Mailed SOVREN Club Directory/Roster..... \$ 9.00 _____

[] Voluntary Donation supporting Vintage Drift, suggested \$20..... \$ _____
(This is optional, for 2022 you still receive a printed copy)

Total Amount Paid: _____

Please make checks payable in US FUNDS to: SOVREN and Mail to:

SOVREN Registrar, 17806 Bass Lane NW., Lakebay, WA 98349

Registration@sovrenracing.org 360.710.2291

All Members Receive:

- Voting privileges for E-Board positions.
One-year mailed subscription of Vintage Drift magazine (one per household).
E-mail subscription to SOVREN Bulletin Board.
SOVREN Membership Card.
Free spectator admission to SOVREN races.
In Household Family members share subscriptions and may not vote or hold an elected position on the EBoD

Types of Memberships

Racer Membership

(Each household family member who races needs a separate membership).

Racer Membership has two options:

- 1) With a SOVREN Competition License, issued with approved Medical. (License is good for one year) \$150
2) With a valid current competition license from another club (SCCA, ICSCC, and VMC club, etc.) \$100

All Racer Memberships receive the following, in addition to the benefits listed above:

- Voting privileges for Competition Committee
Can submit rule change proposals.
Reserved current race car number, if renewing car must have been raced in last two seasons (dues must be paid by Feb 28th), if number is available.
No membership surcharge for racers.

Non-Racer Membership

See non-racer form.

Lifetime Membership

For racing & non-racing members:

- All the benefits listed as Racing Member (including racing items, if desired).

OFFICE USE

Date Rcvd _____ Ck # _____

E: _____ M: _____ C: _____



SOVREN VINTAGE RACING LICENSE APPLICATION

Please complete the appropriate sections below

You must have a Racer Membership to receive your competition license.

This form and the medical are only required for those racers paying the \$150 membership, wanting a SOVREN License.

(PRINT) Full Name: _____

Permanent No./Cars you will be racing.

(Providing number availability. Cars must have raced with SOVREN at least once in last 2 seasons)

Yr / Make / Model	Engine Disp	# Resv	# Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licensing Chairman Use Only

Received Date _____

Approved Disapproved

Medical Received Yes No

Medical Date _____

Mailed Date _____

License Expiration _____

Provisional? Yes No

License # _____

TYPE OF LICENSE REQUESTED: (All Licenses are good for one year)

- Regular Competition License
- Provisional (Novice) License
- Advanced License. *This license is required to race GTP, WSC, Can-Am, F1, F3000, F5000, Indy, Indy Lights, IMSA GTO, Tube-frame Trans Am/NASCAR, etc. If this is your first SOVREN license application, please complete this form as well as the SOVREN Advanced Driver License Application. The advanced form is available at www.sovrenracing.org/forms*

FIRST TIME SOVREN COMPETITION LICENSE (Always keep a copy)

- Copy of current competition license with a VMC member organization (i.e. HMSA, VRG, SVRA, etc.) **OR**
- Copy of Current Competition License with a recognized racing organization (i.e. FIA, SCCA, ICSCC, CACC etc.) **OR**
- Proof of successful completion of a recognized multi-day driving school or a racing club/one day school. (i.e. Skip Barber, Bob Bondurant, etc.)

AND BOTH

- Brief driver Resume (Include how long you've been racing, what organizations, how many races, finishes, etc.)
- Current Approved Medical Form signed by you and a doctor (Medical Form can be found online at www.sovrenracing.org/forms (Medicals: 18-35, every 5; 36-69, every 2; 70 and over every 13 months).

As a DRIVER, I make this request for a Vintage Racing License with full knowledge that motor racing is dangerous, and that I will be required to sign a "release form" annually or at each event. I further acknowledge that vintage racing may involve danger not present in contemporary racing including, but not limited to, lack of contemporary safety equipment in my own or in competitors' cars such as roll cages, fuel cells, fire systems, and race grouping which may include different types of cars in the same group creating potential problems of visibility and disparate speed potentials.

This section must be signed for Vintage Racing License to be granted.

Signature _____ Date _____

Medical form on next two pages.

For licensing questions or more information, contact Mike Zubko at (206) 909-0671 (mobile) or an e-mail to: zubko9367@gmail.com

Upon receipt of your license please apply a passport sized photo and laminate. Licenses are valid for one year. Drivers over 70 are required to submit a medical form every 13 months.

**Medical Examination
For
Vintage Auto Racing**



Physical Examination of: _____ Exam Date: _____

Racing organization requesting this medical exam: **Society of Vintage Racing ENthusiast (SOVREN)**

To the Applicant: You should fill out the required applicant information at the top of this page and on page two.

Frequency of examination: applicants are required to have a medical examination:

- for those 18-35 years of age every five (5) years, (no EKG required)
- for those 36-49 years of age every two (2) years, (baseline EKG with 1st exam)
- for those 50-69 years of age every two (2) years, (stress EKG strongly recommended)
- starting at age 70 each year. (stress EKG strongly recommended with every other exam)

On completion of the Examination by your physician, verify that this form has been fully completed and signed by both you and the physician on both pages. Then submit this entire form to:

Mike Zubko, Licensing Chairman
795 6th Street
Lake Oswego, OR 97034.

Applicant should retain a copy of this entire packet for your records should our organization (or another you are racing with) wish to inspect it.

As applicant, and by signing below, you understand that any alteration or forgery of this document are grounds to invalidate this exam and could result in expulsion or sanctioning. You hereby authorize your physician to release to any medical information that may affect your ability to safely participate in racing events. You authorize this organization to contact your physician to verify both that this exam was completed and that his recommendation is as shown below. You also agree to notify our organization of changes in your health which may affect your ability to safely participate in vintage racing.

Signed: _____ Date: _____

To The Examining Physician: This exam is required to assure that the applicant is in good health and can be expected to withstand the rigors of vintage racing. Vintage automobile racing is a speed event involving numerous cars on the track at the same time. As may be specified by various sanctioning bodies, the drivers are protected by roll bars, restrained within the car by a racing harness and must wear fire retardant clothing and helmets designed for auto racing. Practice and race sessions typically last 15 to 30 minutes, but can be longer. The racing environment can be very hot and speeds for brief periods can be 90 to 150mph.

You are being asked to examine this individual who is applying for a vintage auto racing competition license. This form concentrates on assessing the organ system and disease processes that may jeopardize the applicant or others attending a competition race event.

The functional requirements of the applicant to drive in a competition automobile are:

- Brain: The ability for rapid mental activity and problem solving.
- Limbs: The ability to rapidly operate acceleration, braking and steering mechanisms and to rapidly exit the car without assistance.
- Vision: Distant Vision correctable to 20/30 each eye, normal depth perception, peripheral vision to 70 degrees in the horizontal median for each eye and the ability to distinguish basic colors.
- Minimal chance of sudden incapacitation from any disease process.

The environment in which the applicant may operate a competition automobile is:

- Temperature Extremes from 0 to at least 120 degrees.
- Smoke, fumes, vapor and dust.
- Noise and vibration, deceleration and cornering forces.
- Potential for the presence of fire.

After reviewing the above applicant's medical history and performing appropriate physical examination and/or tests please sign both this page (below) and also on page two.

Signed: _____ Date: _____

Physical Examination of: _____

Applicant's Information (To be completed by the patient prior to the examination):

Name: _____ Age: _____ Sex: _____ Weight _____

Street: _____ Date of Birth: _____

City: _____ Eye Color: _____ Hair Color: _____

State: _____ Zip: _____ Personal Physician: _____

Phone: _____ Home Work Mobile

Email: _____

Do you have a license from this racing organization? Yes / No If "Yes", license number _____

Do you have a national license from VMC? Yes / No If "Yes", license number _____

Conclusion of The Examining Physician:

After reviewing the information on page one regarding the physical demands of vintage racing, the applicant's medical history, and performing this examination, please note your conclusion (Check one):

APPROVED

At this time, the patient is physically and psychologically fit to drive a race car in competitive events at high speed

OR

REJECTED

At this time, the patient is NOT FIT physically or psychologically to drive a race car in competitive events at high speed.

Signed: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____

For Official Use Only:

Date received: _____