

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) 29 Nov 2026

Region Name Puerto Rico Region 113

☐ RallyCross ☐ Road Racing ☐ Road Rally ☒ Solo ☐ Street Survival ☐ Track Event/Time Trial

SCCA Official's Name Jose De Miguel Member # 163822

☐ Annual Member \$100

National Dues \$85 + \$15 Region Dues
(varies by Region). Term is one year.

*Family memberships available at
my.scca.com.

DISCOUNTS:

☐ \$35 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

☒ Weekend Member \$25

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

☐ Road Rally Driver

☐ Road Rally 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 \$ 25.00

Credit Card # _____ Exp. _____ CW# _____
Payment Authorization Signature _____ Date _____

REQUIRED FOR CREDIT CARDS