



# 2021 Driver Application

SCCA Pro License Fee: \$300 | SCCA Membership: Varies, see below

## Applicant Information

Name:				DOB:	
Cell:		Email:			
Street Address:					
City, State, Zip:					
Emergency Contact:			Emergency Contact Phone:		
Affiliation and/or Team Name:					
SCCA Member Number:				Exp. Date:	

**SCCA Membership:** You must have an SCCA Membership to receive a Pro License or Annual Credential. The membership must run through the duration of the Series season.

<input type="checkbox"/>	I have a current SCCA Membership	<input type="checkbox"/>	Individual- \$85
<input type="checkbox"/>	Renew my existing SCCA Membership	<input type="checkbox"/>	First Gear- \$55 (24 years & under)
<input type="checkbox"/>	Create a new SCCA Membership	<input type="checkbox"/>	Family- \$105
<i>For Family Membership, please include names and date of births (husband, wife and children 20 years or younger) below.</i>			

### The following information will need to be provided in addition to this form:

- Head shot photo
- [Medical Form](#) (required only for new drivers, those with an expired medical, or those applying for an FIA license)
- Racing Resume (required only for new drivers or those applying for an FIA license, see page three)
- Annual Waiver ([see website for additional details](#))

**ALL Annual Waivers must be printed in color and notarized (or signed in front of SCCA Registrar). Adult waiver may be emailed, but minor waivers must be mailed to SCCA: (SCCA Pro Racing, c/o Membership, 6620 SE Dwight St, Topeka, KS 66619).**

### Acknowledgement/Disclaimers:

I hereby certify that the information above is correct. I realize any falsification may result in the loss of a discount and/or membership. By accepting weekend membership in the SCCA, 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. By clicking Yes, below, I am agreeing to become a temporary member of SCCA on the terms stated, and subject to the terms and conditions contained in the documents referenced, above.

Driver Signature:			Date:	
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## Credit Card Authorization Form

Payment Amount: \$ \_\_\_\_\_

<b>Payment Method:</b>				
Check	Visa	MasterCard	Discover	American Express

**Make check payable to:** SCCA

**Mailing Address:** 6620 SE Dwight St., Topeka, KS 66619

**Email:** [membership@scca.com](mailto:membership@scca.com)

**Fax:** (785)232-7213

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<b>Name on card:</b>	
<b>Credit Card #:</b>	
<b>Expiration:</b>	<b>CVV:</b>
<b>SCCA Membership Number:</b>	
<b>Authorized Signature:</b>	

## Racing Resume for SCCA Pro Racing License Application

<b>Name</b>	
<b>Date</b>	
<b>SCCA Member Number</b>	
<b>SCCA Pro Racing License</b>	<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b>
<b>Racing Experience</b> <i>For each, be sure to include date and track name for event, plus the sanctioning body, car class and finishing position. You can also attach a copy of racing licenses or race results.</i>	
<b>2020</b>	
<b>2019</b>	
<b>2018</b>	
<b>2017</b>	