Driver Application

☐ SCCA Pro License Fee: $300

SCCA Member Number _____ Exp. Date_____

Name_____ Date of Birth _____

Address_____

City, State, Zip _____

Phone _____ Email _____

Emergency Contact_____ Emergency Contact Phone _____

Affiliation and/or Team Name _____

Annual Member $95 National Dues

(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)

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*

**Family memberships available at my.scca.com*

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

- Medical Form (required only for new drivers, those with an expired medical, or those applying for an FIA license)
- Racing Resume

☐ 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.

Driver Signature _____ Date_____

☐ 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:

☐ Check ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express Payment Amount $_____

Credit Card # _____ Exp. _____ CVV# _____

Payment Authorization Signature _____Date _____

**Required for credit cards*

Make check payable to: SCCA / Mailing Address: 6620 SE Dwight St., Topeka, KS 66619 / Email: membership@scca.com / Fax: (785)232-7213

Racing Resume'. Please include the following Information:

- Name –
- SCCA Member # -
- Racing Experience - Focusing on the last 24 months, please provide the following information:
    - Date(s) of Event -
    - Location(s) of Event -
    - Track(s) Name -
    - Country(s) of Event -
    - Car Class -
    - Finishing Position(s) -
    - Organization of event(s) –
- Copy of Racing Licenses (please attach)
- Copy of Race Results (please attach)