2022 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.*

☐	**I have a current SCCA Membership**	◯	**Individual- $85**
☐	**Renew my existing SCCA Membership**	◯	**First Gear- $55 (24 years & under)**
☐	**Create a new SCCA Membership**	◯	**Family- $105**

For Family Membership, please include names and date of births (husband, wife and children 20 years or younger) below.

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:**	

Credit Card Authorization Form

Payment Amount: $_____

Payment Method:				
Check ☐	Visa ☐	MasterCard ☐	Discover ☐	American Express ☐

Make check payable to: SCCA

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

Email: membership@scca.com

Fax: (785)232-7213

Name on card:	
Credit Card #:	
Expiration:	**CVV:**
SCCA Membership Number:	
Authorized Signature:	

Racing Resume for SCCA Pro Racing License Application

Name	
Date	
SCCA Member Number	
SCCA Pro Racing License	❑ **New** ❑ **Renewal**
Racing Experience *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.*	
2021	
2020	
2019	
2018	