

Milwaukee Region SCCA Dual Membership Application

# Home Address

Name: \_\_\_\_\_ SCCA Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

email: \_\_\_\_\_ Home Region \_\_\_\_\_

Spouse's Name (if joining): \_\_\_\_\_ SCCA Membership Number: \_\_\_\_\_

Child's Name (if family): \_\_\_\_\_ SCCA Membership Number: \_\_\_\_\_

Child's Name (if family): \_\_\_\_\_ SCCA Membership Number: \_\_\_\_\_

Child's Name (if family): \_\_\_\_\_ SCCA Membership Number: \_\_\_\_\_

Child's Name (if family): \_\_\_\_\_ SCCA Membership Number: \_\_\_\_\_

<u>Membership Type</u>	<u>Fees</u> (Includes only Milwaukee regional dues)	<u>Amount Submitted</u>
Regular (Individual)	\$20.00	_____
Spouse and Children 18 years old and under	\$5.00	_____

Make check payable to: **Milwaukee Region SCCA** Total: \$ \_\_\_\_\_

All Dual Memberships run November 1 through October 31 to coincide with our fiscal year.

## Membership Agreement

I (we) hereby apply for membership in the Milwaukee Region SCCA race club and agree to abide by its bylaws. I (we) also acknowledge that I (we) understand the risks involved in the sport of automobile racing.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant (Spouse) \_\_\_\_\_ Date: \_\_\_\_\_

Send completed application and payment to:

Susan Schuster  
SCCA Milwaukee Region Membership Administrator  
W168 N9207 Grand Ave  
Menomonee Falls, WI 53051-1419

Phone: 414-416-4011  
email: flag.n.nag@gmail.com