

2020 SCSC Membership Application

Valid through 12/31/2020

Name:	DOB:	
(First Name) (MI)	(Last Name)	
Address:		
	State:	
☐ Cell ☐ Home ☐ Work () ☐ Cell ☐ Home ☐ Work () ☐ E-Mail:*please include email address to receiv		
Emergency Contact:		
	Relationship:	
□ \$25 Annual Membership□ \$30 Single Event Member	□ Owner □ Driver □ Rider □ Crew □ Official □ Staff rship □ Owner □ Driver □ at upgrade to Annual within 30 days to reta	Rider
☐ GPS 100 ☐ Classic Endurance	CB Pro Comp Jet GN Spe Mod VP Formula Lights Of	Formula 1
Boat Name:	Race Nu	ımber:
	Note: to retai) nembership in the Southern California S	n your boat #, you must join by 2 nd race)
Signature:	Date	2:
Amount Enclosed: Send Application to: SCSC C/O Jody Tepper 11836 W. Ginger Creek Dr. Boise, ID 83713	(Checks payable t	to SCSC)
FOR SCSC USE ONLY Received by: Payment: □ Cash □ CC Racing □ Non Racing □ Physical Date Membership Card Sent □ Membership #	Check# Capsule Training Da	ite