



Challenge Cup Series, Inc. Association Membership Application

Name: _____

Address: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Occupation: _____

Email Address: _____

Type of Membership: New Renewal Membership Member Since: _____

Full Membership: Includes participation in the race series events if registered including all contingencies, full voting privileges, etc. - **\$150.00 USD or \$200.00 CAD.**

Checks/Cheques made payable in to the Challenge Cup Series, Inc.

The following information is for usage on the Challenge Cup Series website, Driver Profile section:

Competition Experience / Accomplishments / Racing Career.

Car Information:

Chassis: _____ Car Number: _____

Sponsors: _____



*****If you wish to have a profile picture(head shot) and car picture on your driver profile, please send it via mail with your membership application or email along with your membership application*****

Signature: _____ Date: _____

SCCA/CASC Membership #: _____

Mail To: Challenge Cup Series c/o Robert DePalma, 3 Ledgemont Drive, Fairport, NY, 14450, USA
or email to rdepalm1@icloud.com

For Office Use Only: Date Received: _____ Membership # _____