



Membership Application

MEMBERSHIP TYPE:

NEW MEMBER

RENEWAL

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL CODE/ZIP CODE: _____ COUNTRY: _____

MOBILE PHONE: (_____) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACTS:

PRIMARY CONTACT: _____ PHONE NUMBER: _____

SECONDARY CONTACT: _____ PHONE NUMBER: _____



LICENSE INFO:

SCCA/CASC COMPETITION LICENSE #: _____

COMPETITION LICENSEE EXPIRATION DATE: _____

CAR INFORMATION:

MAKE: _____ MODEL: _____

PREFERRED CAR NUMBER: _____ SECONDARY NUMBER: _____



AGREE TO CHALLENGE CUP SERIES RULES AND REGULATIONS

<https://challengecupseries.com/about/#rules>

FULL MEMBERSHIP - \$150.00 USD OR \$200.00 CAD.

CHECKS MADE PAYABLE TO: THE CHALLENGE CUP SERIES, INC

SEND CHECKS

C/O KATRINA CARMODY
468 EAST FRANKLIN STREET
HORSEHEADS NY 14845

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____