



Challenge Cup Series, Inc.
Membership Application

Member Info:

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: _____



Membership / License Info:

SCCA/CASC Membership/Competition license #: _____

Competition Licensee expiration date: _____

Car Information:

Make: _____ Model: _____

Preferred Car Number: _____ Secondary Number: _____

Transponder Number: _____.



Full Membership - \$150.00 USD or \$200.00 CAD.

Checks made payable to the *Challenge Cup Series, Inc*

*Send Checks c/o
Raymond Carmody
468 East Franklin Street
Horseheads NY 14845*

By signing below, you agree to follow all Rules and Regulations set forth by The Challenge Cup Series, visit the link below for all details.

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

Signature: _____ Date: _____

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

CCSI 1/2020