



## MEMBERSHIP APPLICATION

### Member Info:

New Member

Renewal

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency Contacts:

Primary Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### Membership / License Info:

License Number (SCCA / CASC / other): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### Car Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Preferred Car Number: \_\_\_\_\_ Secondary Car Number: \_\_\_\_\_

Transponder Number: \_\_\_\_\_



Full Membership Price: \$150.00 USD or \$200.00 CAD

Checks to be payable to: Challenge Cup Series, Inc.

**Checks can be mailed to:**

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>

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Official Use Only*

Date Received: \_\_\_\_\_

Membership Number: \_\_\_\_\_