



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: _____