
TRIAD SPORTS CAR CLUB
P.O. Box 5233
Winston-Salem NC 27113

TSCC MEMBERSHIP APPLICATION

Date of Application: _____ [] New Membership [] Renewal

Name: _____ Date of Birth _____

Spouse: _____ Date of Birth _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ E-mail Address: _____

Employer (Opt) _____ Work Phone (Opt) _____

Autocross Vehicles: Make Model Year Class

1. _____

2. _____

Other Club Affiliations: [] CCR [] HSCC [] BRR SCCA [] SCCA [] THSCC

Other (please specify): _____

Please find enclosed \$ _____

[] \$25 Individual membership [] \$35 Joint membership (member/spouse)

[] \$10 Additional household member

[] \$260 Individual membership + nine TSCC Championship autocross entry fees
(Must be paid by first event of the season)

[] \$235 Joint membership (member/spouse)

[] \$505 Joint membership + nine TSCC Championship autocross entry fees for each
(Must be paid by first event of the season)

I agree to abide by the rules and by-laws of Triad Sports Car Club, Ltd., and to uphold and promote the ideals of the club.

Signature of Member(s) _____

OFFICE USE ONLY-*updated 2016*