

# OREGON REGION DUAL MEMBERSHIP APPLICATION

To apply for dual membership in the Oregon Region, SCCA, please complete the form below (in full) and return with payment to:

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Single  Married Spouse's name \_\_\_\_\_

Member Number: \_\_\_\_\_ Region # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_



IF APPLYING FOR FAMILY MEMBERSHIP (list children under age 21)

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**Oregon Region SCCA**  
**4800 SW Macadam, Ste 110**  
**Portland, OR 97239**  
**(503) 224-9469**  
**Fax (503) 224-9542**

\_\_\_ Regular Membership . . . . . \$ 20.00

\_\_\_ Spouse Membership . . . . . \$ 5.00

\_\_\_ Family Membership . . . . . \$ 30.00

\_\_\_ Enclosed is my check/money order for \$ \_\_\_\_\_ U.S. (Do not send cash)

\_\_\_ Visa No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_ Mastercard No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

\* Note: Family membership (Regular, Spouse, Children under 21) Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_