



## 2026 SCRC MEMBERSHIP

Name: \_\_\_\_\_ Bike Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Classes: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Year Joined: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Each rider must have both SCRC and CMA memberships to be eligible to race.

By signing and submitting this form, you are declaring that you have read and agree to abide by all SCRC rules and regulations.