

2022 SCRC MEMBERSHIP

Name:

Bike Number:

Date of Birth:

Classes:

Email:

*Year Joined:

Address:

Signature of
Applicant:

Date:

*How long have you been a member of SCRC.

Please fill out this form, and the CMA membership form also on the website, if not already applied, and email to: scrcmotox@outlook.com

Please send an etransfer to: scrcmotox@outlook.com \$50 for both the SCRC and CMA membership or \$20 for the SCRC membership if you already possess a valid CMA licence.

Each rider must have both an SCRC and a CMA membership to be eligible to race.

By signing this form and submitting it you declare that you have read and agree to abide by all SCRC rules and regulations.