

2020 SCRC MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

CMA #**:

Phone:

Current address:

City:

Province:

ZIP Code:

Race #:

Classes:

Year joined*:

EMAIL

SIGNATURES

I hereby declare that I have read and agree to abide by all SCRC rules and regulations.

Signature of applicant:

Date:

*How long have you been a member of SCRC.

** If applied please write applied instead of the number.

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

Please send an e-transfer to scrcmotox@outlook.com of \$20 for just the SCRC membership or \$50 for both the SCRC and CMA membership.

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