



Weekend Membership Transmittal Form

of Weekend Memberships: _____ Event Sanction #: _____

Region: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Please ensure all of the above is filled in legibly and completely.
MUST BE INCLUDED WITH ALL WEEKEND MEMBERSHIP PACKETS RETURNED TO SCCA NATIONAL OFFICE
 Please return to **&\$'G9'8k][\ hGtZhc dY_ UZ?G***%9

v 2019



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