



Weekend Membership Transmittal Form

of Weekend Memberships: _____ Event Sanction #: _____

Óá|Á| K _____

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 **&\$'G9'8 k]| \ hGtžHcdY_ UŽ?G*%9**

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