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**TRIAD SPORTS CAR CLUB**  
**3125 Hyde Place Cir**  
**Winston-Salem NC 27103**

**TSCC MEMBERSHIP APPLICATION**

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Date of Application: \_\_\_\_\_ [  ] New Membership [  ] Renewal

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer (Opt) \_\_\_\_\_ Work Phone (Opt) \_\_\_\_\_

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Autocross Vehicles: Make Model Year Class

1. \_\_\_\_\_

2. \_\_\_\_\_

Other Club Affiliations: [  ] CCR [  ] HSCC [  ] BRR SCCA [  ] SCCA [  ] THSCC

Other (please specify): \_\_\_\_\_

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Please find enclosed \$ \_\_\_\_\_

[  ] \$25 Individual membership

[  ] \$35 Joint membership (member/spouse)

[  ] \$10 Additional household member

*I agree to abide by the rules and by-laws of Triad Sports Car Club, Ltd., and to uphold and promote the ideals of the club*

Signature of Member(s) \_\_\_\_\_

\_\_\_\_\_

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**OFFICE USE ONLY-*updated 2019***