



Membership & Renewal Form



Small Car Cup Racing (SCCR)

Please email completed form to: smallcarcup@drivetekmotorsport.com

Payment to: Small Car Cup
BSB - 802 - 388 Account Number - 100062770

Personal Details

Name: _____

Address: _____

Email Address: _____

Contact Number: _____ Date of Birth _____

Membership Fee's

Membership

All Members Free for 2024

Small Car Cup Apparel

Caps \$25.00

T-Shirts \$30.00

*I the person on this form request to join Small Car Cup Racing
I agree to be bound by all guidelines and regulations*

Signed

Memberships expire at the end of each Calendar Year

Nomination required for new members

If you don't know any existing members, please leave this blank

Nominated By _____

Member Number _____

Race Car Make and Model _____

Race Number _____ Category _____

Office Use Only

Date Received _____ Payment Received _____

Date Processed _____

Accepted YES NO

Membership Number _____

Membership officer name _____