

Madison Sports Car Club Membership Form



- Full - \$50 Spousal - \$25 Dual - \$25
 Junior Competition - \$25 Family - \$5



Please check your membership type

Name: _____

Spouse Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Email: _____

Occupation, Company Name: _____

Vehicles Owned (year, make, model): _____
(limit of 4 please)

Autocross or Race Car (please specify): _____
(car type and class)

Help us Celebrate! Birthday of Member: _____ (We don't use or publish the year, honest!)

All members who provide emails receive a link each month to the Chicane newsletter in PDF format.

Please mail me the printed Chicane newsletter.

New Members – Where did you hear about us? _____

Please check any activities you would be interested in

Committees	Social	W2W Racing	Parking Lot Autocross	High Speed Autocross	HPDE
<input type="checkbox"/> Race Planning <input type="checkbox"/> Autocross <input type="checkbox"/> Membership <input type="checkbox"/> Publicity <input type="checkbox"/> Rally <input type="checkbox"/> Newsletter <input type="checkbox"/> Board of Directors <input type="checkbox"/> Driving School	<input type="checkbox"/> Picnic <input type="checkbox"/> Special Meetings <input type="checkbox"/> Annual Banquet <input type="checkbox"/> Newsletter Articles <input type="checkbox"/> Tours	<input type="checkbox"/> Event Chair <input type="checkbox"/> Registrar <input type="checkbox"/> Tech <input type="checkbox"/> Steward <input type="checkbox"/> Starter <input type="checkbox"/> Corner Worker <input type="checkbox"/> Timing & Scoring <input type="checkbox"/> Pit & Grid	<input type="checkbox"/> Course Setup <input type="checkbox"/> Registrar <input type="checkbox"/> Tech <input type="checkbox"/> Publicity <input type="checkbox"/> Timing & Scoring <input type="checkbox"/> Starter <input type="checkbox"/> Equipment Storage	<input type="checkbox"/> Steward <input type="checkbox"/> Registrar <input type="checkbox"/> Tech <input type="checkbox"/> Starter <input type="checkbox"/> Corner Worker <input type="checkbox"/> Timing & Scoring	<input type="checkbox"/> Registrar <input type="checkbox"/> Tech <input type="checkbox"/> Starter <input type="checkbox"/> Corner Worker

Please complete this form and mail along with a check payable to MSCC to:

Gary Schneider, MSCC Membership, 6 Knollwood Ct, Madison WI 53713-3479