



VINTAGE SPORTS CAR DRIVERS ASSOCIATION, Ltd.  
 1600 W. Market Street, Logansport, IN 46947  
 Phone: 616-916-2650 • Fax: 574-753-4115  
 E-mail: [vscda@vscda.org](mailto:vscda@vscda.org) Website: [www.vscda.org](http://www.vscda.org)

**MEMBERSHIP APPLICATION**

Vintage Sports Car Drivers Association (VSCDA) is a club of over 400 members who enjoy both the preservation of vintage sports cars and participation in vintage races. We welcome everyone with or without a race car, participants and volunteers alike. In addition to our driver's school and vintage races we have social events such as our Annual Dinner, Garage Tours and more. VSCDA is a not-for-profit, member based club, managed by a Board of Directors elected annually by the members. Membership dues are \$120 with an annual renewal date of March 1st. As a member, you will receive a membership card that allows you FREE spectator entry into any VSCDA race, access to the VSCDA web site at [vscda.org](http://vscda.org), and our E-Newsletter. If you wish to join us, please complete this application and return with payment to the above address. Payment may be made by check, MasterCard, or Visa.

_____		_____		_____	
Name		Birth date		Spouse/Partner's Name	
_____				_____	
Address				City/Province	
_____		_____		_____	
State/Country		Zip		E-mail	
_____		_____		_____	
Home Phone		Work Phone		Cell Phone	
_____		_____		_____	
				Fax	

- Novice Drivers (less than 3 wheel-to-wheel races): Please attach a copy of your Race School Certificate and complete Page 2 History.
- Competition Drivers: Please attach a copy of your Competition Racing License and complete Page 2 History.
- To race with VSCDA you must submit a Medical and a Car Preparation Sheet prior to your first entry. The Medical may be VSCDA's "Applicant's Medical History and Physician's Examination" or a copy of another race organization's medical; each is valid for 2 years from the date completed. These forms can be found on our website:[vscda.org](http://vscda.org)

What vintage car(s) do you own or wish to race with us?

_____		_____		_____	
Year		Make		Model	
_____				_____	
Color		Permanent car# Preferred		Transponder #	
_____		_____		_____	
CC # _____		Exp. date: ____/____		Security code _____	

\_\_\_\_\_ (make checks payable to VSCDA)  
 Billing Address (if different from above)

\_\_\_\_\_ (make checks payable to VSCDA)  
 Your Signature:

**FOR OFFICE USE ONLY**

**Date Rcvd:                      Amt Enclosed:                      Ck # or CC:                      Initial**

**DRIVER and RACE CAR HISTORY:**

Is your "street" Driver's License on probation or suspension? \_\_\_\_\_

If yes, why? \_\_\_\_\_

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Race Schools completed (list date and School):

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Wheel-to-Wheel Races completed in last 3 years (list date, event and car driven):

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Race Club Affiliations (list Club and year(s)):

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Competition Racing License(s) (list Club and year(s)):

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Is your Competition Racing License on probation or suspension? \_\_\_\_\_

If yes, why? \_\_\_\_\_

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Driver's History:

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Your Race Car's History:

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