



VINTAGE SPORTS CAR DRIVERS ASSOCIATION
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www.vscda.org

MEMBERSHIP RENEWAL

Please complete this form and return to the above address via mail or fax.
Membership is annual from March 1. Dues are \$120.00, payable by check, MasterCard or Visa. One form per member renewal please.

Name _____ home phone _____

Address _____ work _____

City, state, zip _____ cell _____

Country _____ fax _____

Email (please print) _____

date of birth ____/____/____ last medical date (if known) ____/____/____

Car make/model _____

Color _____ group/class _____

Permanent # _____ transponder # _____

Total \$ _____ Check # _____ enclosed (or)

CC# _____ exp. ____/____ Security code _____

Billing Address (if different from above) _____

You may wish to retain a copy of this document for your records.

| | | | |
|---------------------|----------|--------------|----------------|
| FOR OFFICE USE | | | |
| date received _____ | by _____ | amount _____ | pmt type _____ |