



HIGHLANDS SPORTS CAR CLUB (HSCC) MEMBERSHIP APPLICATION

Annual Membership Fees (check one)
 Individual - \$20.00 Family* - \$30
*Family membership includes household (spouse, children, etc.)

To be completed by the HSCC Membership Officer or other appointed official
Application Approved: Yes No Amount Paid: \$_____ Member #: _____

Full Name: _____ Email: _____
Street Address: _____
City: _____ State (abbrev.): _____ Zip: _____
Phone: (____) _____ Birthday (MM/DD/YYYY): _____
Car Class: _____ Preferred Car Number: 1) _____ 2) _____ 3) _____

Have you been a Highlands Sports Car Club member in the past?
Yes No If yes, Years: _____ Member number: _____

Marital Status (optional):
Single
Married
Spouse's Name: _____
Birthday (MM/DD/YYYY): _____

Additional Family Members (optional):
Name: _____ Birthday (MM/DD/YYYY): _____
Name: _____ Birthday (MM/DD/YYYY): _____
Name: _____ Birthday (MM/DD/YYYY): _____
Name: _____ Birthday (MM/DD/YYYY): _____

Club Memberships (SCCA, ETR, etc.) : _____

Vehicles Currently Owned (Make, Model, Year, Color):
1: _____
2: _____
3: _____

I, the undersigned, hereby make application for membership in the Highlands Sports Car Club of Asheville, NC. I understand that membership dues are \$20.00 per year for an individual and \$30 per year for a family, which includes my household (spouse, children, etc.). Memberships runs from January to December. If accepted for membership I agree to abide by the rules and by-laws of the club.

Signature: _____ Date: _____

All checks should be made payable to "HSCC." Mail application and payment to HSCC, P.O. Box 814, Asheville, NC 28802.