

Southern California Timing Association



2008 Associate Membership Form

(Please print legibly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE _____

EMAIL: _____

RACING AFFILIATION/CLUB: _____ (if applicable)

Prices effective as of January 1, 2008.

Please check one: MEMBERSHIP RENEWAL: NEW MEMBER:

Standard Memberships

US = \$60/yr

Canadian = \$80/yr

Internationals = \$100/yr

AMOUNT ENCLOSED: \$ _____ PAYMENT (please check one): Check, Money Order, Credit Card

Mail to: BNI Membership
P.O. BOX 10
Orosi, CA. 93647

-or-

FAX (with Credit Card info) to: (559) 528-9749

Credit Card Info: Visa Mastercard Discover

Card No: _____ - _____ - _____ - _____ Exp: ____/____ (mm/yy)

Signature: _____

***** MEMBERSHIP RUNS YEARLY FROM JANUARY TO DECEMBER. *****

YOUR MEMBERSHIP WILL INCLUDE:

SCTA Racing News (when available)
SCTA T-shirt = size needed: _____
SCTA Rule Book
SCTA Member Decal