



Where fellowship, speed, and adrenaline merge.

Membership Application

Driver's Name: _____

Driver's Mailing Address: _____

Driver's Email Address: _____

Current Racing License: Yes or No

To join HSCRA as a driver, you must possess a current competition license that is in good standing with either SVRA, HSR, SCCA, or other sanctioning bodies that HSCRA deems acceptable. *Please note that HSR will not accept anything but an HSR license.*

Racecar Make: _____

Racecar Model: _____

Racecar Year: _____

Prep Shop: _____

Windshield Banner Last Name: _____

Make Checks Payable to HSCRA, Inc. in the amount of \$150 for annual membership dues.

For Credit Card payments, complete the form on Page 2 and e-mail to: carlusgann@outlook.com

Mail Application and Dues: HSCRA, Inc.
 C/O Carlus Gann
 PO Box 493
 LaFayette, GA 30728
 -or-
 carlusgann@outlook.com

The mission of HSCRA is much broader than the restoration and preservation of stock car history. Additionally, we bring history back to life in the form of spirited competition with respect for all drivers and the historic stock cars we are fortunate to race. Our series creates an exciting opportunity for spectators of all ages and origins to see these awesome machines race around historic tracks as they were intended to. And most importantly, to create a welcome environment for all race fans to have incredible access to the cars, race tracks, and drivers unlike any other race event. We welcome everyone to join us and share in the amazing sights, sounds, and fellowship of the Historic Stock Car Racing Association.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date