



Central Florida Region
Sports Car Club of America



MEMBER # _____ Region # _____

VALID THRU _____ MEMBER SINCE _____

NAME _____

ADDRESS _____

CITY _____ ST ____ ZIP _____

PHONE () _____

I UNDERSTAND MY DUAL MEMBERSHIP WITH MY REGION OF RECORD AND CENTRAL FLORIDA REGION WILL RUN CONCURRENTLY. I ALSO UNDERSTAND I WILL RECEIVE THE MONTHLY NEWSLETTER OF CFR AND WILL BE ELIGIBLE FOR POINTS IN THE CFR REGIONAL RACE SERIES.

Enclosed is my check or cash for \$25.00. MAIL or Fax (credit card or debit card)

TO:

**Membership Chairman
James (Jay) Strole
4800 Granada Blvd, Sebring, Fl. 33870**

Phone: 941-740-0266

Fax: 863-593-3480

ics1658@gmail.com