



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 TO:

**Membership Chair**  
**Joyce Hayward**  
**457 Drage Drive, Apopka FL 32703**

**407-884-7889**  
**joycehscca@cfl.rr.com**