



**Neohio Region, Inc.
Sports Car Club of America**

DUAL MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

City, State, Zip: _____

Phone #: _____ Email: _____

SPOUSE'S NAME: _____

SCCA Region of Record: _____

Membership Number: _____

Renewal Month: _____

Dual Membership Fee (\$10.00) _____

Spouse Dual Membership Fee (\$5.00) _____

Make check payable to Neohio Region SCCA, Inc.

Send to: Bob Doernberg
684 Highlands Dr.
Akron, OH 44333-2682