

lakeshoresportscarclub.com

2025 MEMBER APPLICATION AND INFORMATION FORM

Name:	Spouse/Family Names:		
Birth Date(s) (Month/Day	Only):		
Address:			
City, State, Zip:			
Phone: (Home)	(Work)	(0	Cell)
Email:*			
Autocross or Race Car: (Car type, year & class)			
WHAT ARE YOUR INTE			
RACE STAFF	☐ ROAD RAC	CING	ENDURO
HIGH/LOW SPEED AL	JTO X UNTAGE/H	HISTORIC	RALLYEE
SEND A	PPLICATION AND CHE	CK PAYABLE T	O "LSCC" TO:
ĺ	Keith von Kampen, LS 22415 Rock Kiel, W	kville Road	o Chair
	or membership related ques ia phone (cell): (224) 237 - 49 (home): (920) 286 - 6 or e-mail: keith.v	501 (evenings and v 5155 (evenings and v	veekends)
Dues: New Membe	er - \$50.00	Rene	wal - \$50.00
☐ Spousal/Family - \$5.00 ***		☐ Dual MC Club Member - \$20.00 ***	
New Members – Where/Hov	v did you hear about LSCC?		
Renewals - Number of event - What year did yo	ts you attended last year? ou first join Lakeshore? (If you		
*** Provides liability insurand MC racing points, or who do	ce coverage as a member at o not hold a position as an Of	LS sponsored ever thicer. MC mailings a	communications are sent via e-mail ats. Meant for those who do not need are also not included. Dual member- sh to be on the LSCC mailing list.

Office Use Only: Paid: Cash / Check # _____ Ch Date: ____ Amt \$:____ Update: ____ MEMBERSHIP FORM 2025