



Member Application

Family Membership*:

First Member	Second Member
First Name:	First Name:
Last Name:	Last Name:
E-mail:	E-mail:
Cell/Telephone Number:	Cell/Telephone Number:
Street Address:	
City, State, Zip:	
Birthdate: (Month and Day only)	Birthdate: (Month and Day only)
Anniversary Date: (Family Membership* only)	
Car Model:	Car Model:
Car Year:	Car Year:
Car Color:	Car Color:

*Family membership is defined as "A husband & wife or significant other"

Dues for new member are \$40.00 for a single membership and \$60.00 for a family membership*.

(Renewal fee is \$30.00 for a single and \$40.00 for a family membership*.)

If joining in the months October, November, or December please add \$7.50 - includes the following year.

Applicant Signature: _____ Date: _____