



# Member Application

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:

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

If applying in October through December include an additional \$7.50 which will be partial dues to cover your dues until the end of the following year.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_