

Classic Cruzers Car Club

Janesville Wisconsin

Est. 2016

Membership Application Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - _____ Cell Phone: ____ - ____ - _____

Email: _____

Spouse / Partner (if requesting membership): _____

Home Phone: ____ - ____ - _____ Cell Phone: ____ - ____ - _____

Email: _____

Vehicle Information

Year	Make	Model	Color
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I _____ hereby apply for membership in the Classic Cruzers Car Club and in doing so I agree to be governed by the current bylaws and the elected board of directors I also agree to support the club through annual \$25.00 dues and volunteering when possible to ensure the greatest chances of success as a club

Signature _____ Date _____

Signature _____ Date _____