



Classic Cruisers of Ocala, Fl, Inc. Membership Application

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Name of Spouse _____ Date of Birth _____

Spouse is also paying for membership? [] Yes [] No

Occupation of Member _____ Cell Phone _____

Occupation of Spouse _____ Email Address _____

Type of Vehicle(s) owned:

1. Year _____ Make _____ Model _____ Features _____

2. Year _____ Make _____ Model _____ Features _____

3. Year _____ Make _____ Model _____ Features _____

Name of Sponsor: _____ How long have you known Sponsor: _____

I, the undersigned have read and agree to abide by the By-Laws of the Classic Cruisers of Ocala, Fl, Inc.

Signature of Applicant

Date

Signature of Applicant

Date

For Club Use Only:

Amount of dues Paid (circle one) \$15. Single Member \$20. Member and Spouse Date Paid _____

Date approved as member: _____ Signature of Secretary _____