



PO Box 1863 Brookings, OR. 97415 E-Mail: cccruisers97415@gmail.com

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Birth Date: Month _____ Date: _____ Marital Status: Single: () Married: ()

Spouse's Name: _____ Birthday: Month _____ Day _____

Do you own an antique, classic or collectable vehicle? Yes () No ()

Make: _____ Year: _____ Model: _____

Make: _____ Year: _____ Model: _____

Other Car Club (s) Membership? _____

I agree to abide by the By-Laws of the Curry County Cruisers car club

Signature: _____ Date: _____

Dues: \$25.00 If joining during the months of January thru June, \$20.00 if joining from July thru December. Please make checks payable to: Curry County Cruisers