

Valley Cruisers

Membership Application

Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Family Membership: _____

Individual Membership: _____

Car Information: _____

Family memberships are \$30. Individual memberships are \$20.

The club meets on the third Wednesday of the month at 7:00 pm. The next location is determined at each meeting.

Received from: _____

For: _____

On: _____

Signed by: _____