



## MEMBER APPLICATION FORM

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Dues: \$20 per year for family membership

Classic/ Antique/Other Auto(s) Owned:

Year \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Model \_\_\_\_\_

Other interests: \_\_\_\_\_

Are you willing to work at club functions, if needed? Yes No

Mail application and Membership Fee, \$20.00. Check made out to Tri Beach Cruisers:

Tri-Beach Cruisers  
P.O. Box 7734  
Ocean Isle Beach, NC 28469

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature