

Blairsville Cruisers Membership Application

Please check one: _____ RENEWAL _____ NEW MEMBER

(Please PRINT)

Name: _____ Date: ___/___/20___

Co-Applicant: _____ (Spouse or significant other)

Address: _____ (Club use only, NOT SHARED)

City: _____ State _____ Zip _____

EMAIL _____

(Note: EMAIL will be used for sending Newsletters and Club event reminders. NOT SHARED with others)

* If you have no email address the monthly NEWSLETTERS will be mailed to you.

Phone: _____ - _____ - _____ Alternate Phone: _____ - _____ - _____

VETERANS: Please let us know if you are a veteran

Branch of Service _____ Dates served _____ - _____

Check if applicable: VIETNAM _____ KOREA _____ Other _____

Please tell us about your vehicle(s) (Vehicle not a requirement for membership in our club)

MAKE _____ MODEL _____ YEAR _____

Attach list if more than three vehicles

DUES AND GENERAL INFORMATION: \$25.00 annual dues (includes member/spouse or significant other) Please pay by April 15th each year. Number of vehicle club decals needed _____

Pay dues to treasurer or by mail: Blairsville Cruisers, P.O. Box 2502, Blairsville, Ga. 30514

Signature _____ Date _____/_____/20____

