

# Blairsville Cruisers Membership Application

Please check one: \_\_\_\_\_ RENEWAL \_\_\_\_\_ NEW MEMBER

**Note:** Information provided on this form is for club use and communications only and will not be shared

(Please PRINT legibly)

Name: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ (Spouse or significant other)

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

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

EMAIL \_\_\_\_\_

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 indicate interest in volunteering for:

\_\_\_ help at events (registration, setup, clean-up, judging) \_\_\_ computer services (Facebook, web page, flyers) \_\_\_ local festivals \_\_\_ serving as officer \_\_\_ Other (please list) \_\_\_\_\_

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

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

Attach list or add to back of form if you wish to list more than three vehicles

Number of vehicle club decals needed \_\_\_\_\_

**DUES:** \$25.00 annual dues (includes member/spouse or significant other). Please pay by April 15th each year. Pay dues at any club event or send by mail to

**Blairsville Cruisers  
P.O. Box 2502  
Blairsville, Ga. 30514**

Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_