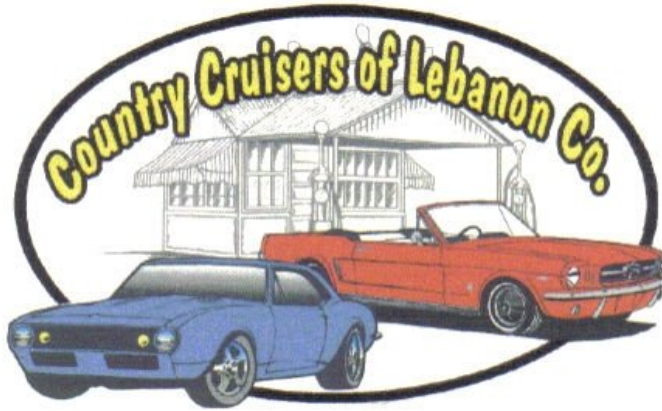


MEMBERSHIP APPLICATION  
MEMBERSHIP DUES- \$20



NAME \_\_\_\_\_ DOB \_\_\_\_\_

SPOUSE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SPOUSE CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SPOUSE EMAIL \_\_\_\_\_

**CARS**

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

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

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

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

BY SIGNING THIS MEMBERSHIP APPLICATION YOU ARE RELASING THE COUNTRY CRUISERS OF LEBANON COUNTY, IT'S OFFICERS AND/OR MEMBERS FROM ANY AND ALL RESPONSIBILITY FROM THEFT OR DAMAGES PERSONAL OR PROPERTY WHILE ATTENDING ANY COUNTRY CRUISERS OF LEBANON COUNTY EVENT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECD BY \_\_\_\_\_ DATE \_\_\_\_\_