

# Capital Cruzers Club, Inc.

## Application for Membership

Annual Dues New \$55.00 Renewal \$35.00

*(Dues must accompany application)*

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

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

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(minimum age:18)

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

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

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

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### SURVEY INFORMATION:

Manufacturer: \_\_\_\_\_ Model \_\_\_\_\_ Year: \_\_\_\_\_

Engine/HP: \_\_\_\_\_ Transmission: \_\_\_\_\_

Body Style: \_\_\_\_\_ Color: \_\_\_\_\_ License: (state, #) \_\_\_\_\_

Do you own any other performance/ specialty cars? \_\_\_\_\_ Years: \_\_\_\_\_

What types of competitive events have you entered:

What type of events have you worked on?

Skills useful to the club?

What other car clubs are you a member of?:

What are you looking for in our club?

How did you hear of CCC?- Sponsor? WEB site? Flyer?

Sponsors: 1)\_\_\_\_\_ 2)\_\_\_\_\_

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Applicants Signature

Date

**Make checks payable to: Capital Cruiser Club, Inc.**

Detach application and mail to:

XXXXX

XXXXXX

XXXX, Md. 12345

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Do not write below this line - for office use only

Date Joined: \_\_\_\_\_ Positions Held: \_\_\_\_\_

Amount, ABA: \_\_\_\_\_,

Renewals: \_\_\_\_\_ Address Change: \_\_\_\_\_