



2010 Membership Application

Twin State Cruisers Car Club

c/o Sherie Laraway

PO Box 854

Wilder VT 05088

www.twinstatecruisers.org

Member Name(s) _____

Membership includes all immediate family members or significant others living in home.

Address _____

Phone Number _____

Email _____

Would you like to receive reminders of club events or shot notice invitations on your cell phone? Yes _____ No _____

Cell Number _____ Carrier _____

Signature of Applicant _____

Print form and sign

Dues due by April 15, 2010

Membership Fee \$20.00 **Make checks payable to : Twin State Cruisers Car Club**

The information on this application will be held for internal use only. It will not be distributed. Please notify club administrators regarding changes to this information. Any questions you can contact Sherie at :

Sherie @twinstatecruisers.org