

# MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Single/Family Memberships - \$20 a year

Name: Member \_\_\_\_\_ Spouse \_\_\_\_\_

Kids \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Emails \_\_\_\_\_

Cars you show....Year, Make & Model ( include a picture)

\_\_\_\_\_  
\_\_\_\_\_

Birthdays : Day & Month only

Member \_\_\_\_\_ Spouse \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Send Money with Application to:  
Blacktop Cruisers  
4284 Deere Trail Ct  
Rochester, In 46975



*You Membership Dues help us keep the club growing!*  
[www.fultoncountyblacktopcruisers.com](http://www.fultoncountyblacktopcruisers.com)