

QUAD CITIES CRUISERS

MEMBERSHIP APPLICATION

PLEASE PRINT AND ANSWER ALL QUESTIONS

Last Name: _____ First Name: _____ Spouse: _____

Preferred Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax or Cell: _____

E-Mail Address: _____

Occupation: _____ Spouse: _____

Birthday: _____ Spouse Birthday: _____ Anniversary: _____

Children/Birth Date(s): _____

Club Participation: I will help at our: Car Show and Displays Other Events Committees

Knowledge, Skills or service which I have to offer the club are: _____

Member of any other automotive club or organization? Name: _____

Do you own a cruiser vehicle? Yes No

Year	Make	Body Style
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing and submitting this application, I affirm that all statements are true and that if accepted, I will support the club in a safe and responsible manner at all times. Any of the above information may be published in the club roster. Attached to this application is \$20.00 representing one year's dues, \$10.00 after June 30. Dues are due on the first of January. The general meeting is held at Stashu's Restaurant, 4206 44th Ave. Moline, IL. on the third Wed. of each month at 7:00 p.m. You are welcome to attend the meetings before joining and required to bring this application to a meeting to join.

Signature _____ Date _____

Referred by _____

Dates application voted on _____ / _____ final approval _____

Bring this application to the general meeting held at Stashu's Pizza
4206 44th Ave. Moline, IL at 7:00 p.m. on the 3rd Wednesday of each month
Quad Cities Cruisers
P.O. Box 402
Moline, IL 61265