

APPLICATION FOR MEMBERSHIP RENEWAL ONLY

Cape Cod Classics Car Club

Date: _____ Membership Year _____

Name: (Primary) _____ Birthday (Mo & Day) _____

Name (Associate) _____ Birthday (Mo & Day) _____

Open to any household member when a Primary Member joins and has voting & input rights on Club matters.

Home Address: _____

Mailing Address (if different) _____

Contact Phone: _____

Alternate Contact Phone: _____

E-Mail: _____ Please print carefully

Vehicle(s). {Use back of this application for additional vehicles}

Year: _____ . Make: _____ . Model: _____

Year: _____ . Make: _____ . Model: _____

Year: _____ . Make: _____ . Model: _____

On or Before the February Meeting:

() Membership Fee (1yr) Primary -----\$25.00 () Associate Member-----\$10.00

After the February Meeting:

() Membership Fee (1 yr) Primary -----\$30.00 () Associate member-----\$10.00

On or Before the February Meeting:

() Membership Fee (2yr) Primary -----\$40.00 () Associate Member----- \$15.00

After the February Meeting:

() Membership Fee (2 yr) Primary -----\$50.00 () Associate member-----\$15.00

Fill out the above information and return this form with your payment. Make check payable to Cape Cod Classics and send to PO Box 1349, South Dennis, MA 02660, Attn. Treasurer

WEB SITE: www.capecodclassics.org or Visit us on Facebook