

APPLICATION FOR MEMBERSHIP RENEWAL ONLY

Cape Cod Classics Car Club

Date: _____ Membership Year 2024

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: _____

On or Before February 1st:

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

After February 1st:

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

On or Before February 1st:

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

After February 1st:

() 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