

Rogue Valley Classic Cruisers
Membership Application



Applicant's Name: _____
(Last) (First) birth date (mm/dd)

Spouse/other family member's name: _____
(Last) (First) birth date (mm/dd)

Wedding Anniversary: _____
(mm/dd/yyyy)

Address: _____
Street or PO Box City State Zip

Home Ph: _____

Email: _____ His Cell # _____

Her Cell # _____

Name as you want it on your badge (last names are included) _____
(His first name) (Her first name)

Car #1: Year _____ Make & Model: _____ Stock/modified/custom: (circle one)

Car #2: Year _____ Make & Model: _____ Stock/modified/custom: (circle one)

Car #3: Year _____ Make & Model: _____ Stock/modified/custom: (circle one)

I agree to abide by the constitution and by-laws of the Rogue Valley Classic Cruisers club. Dues are \$24 per year (from Jan.-Dec.) I herewith submit either full payment or a prorated portion of my dues based on the rate of \$2.00 per month for the remaining months of the year of my initial application. Thereafter, annual dues in the full amount of \$24 are due by January upon receipt of a membership renewal form. Please do not submit cash. Make checks payable to RVCC and mail with this application to:

Rogue Valley Classic Cruisers
3038 Riverbanks Road
Grants Pass, OR 97527
Attn: Membership

Date of Application: _____ Signature of Applicant: _____
(mm/dd/yyyy)

Proposed by: _____
(RVCC member's name)

This area for Membership Chairperson use only

Date Received: _____ Amount: _____ Check # _____

Bank _____

Club membership number assigned: _____