

**Rogue Valley Classic Cruisers**  
**Membership Application**  
**Please Print Clearly**



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  
 275 Red Rock Lane  
 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 \_\_\_\_\_