Member #_	
Club #	



MEMBERSHIP APPLICATION

Name	Date:
Name of Spouse or Partner	
Address	
	<u> </u>
Phone: Home	Cell (optional)
(Area Code)	
Work (optional)	E-mail
Would you help road clean-up o	nce a year? □YES □NO (check one)
Abilities & Skills	
Cars currently owned (limit of 6)	Please indicate year, make and model.
1	2
3	4
5	6
	Would you use in parades? □YES □NO
1	
2	
Sponsored By:	Phone
Member number	
Dues \$25.00 per year. New mer Make checks payable to: BLUE MOON CRUISERS ROD	•
SEND TO: BLUE MOON CRUISERS ROD	& CUSTOM ASSOCIATION

Thank you for your application and Welcome to the Blue Moon Cruisers!

John Kaufman, Membership Chairman, 717-697-8020

717 MARKET STREET, SUITE 400

LEMOYNE, PA. 17043