

# Coastal Classic Cruisers of Darien

## Membership Application

Please Print Clearly

Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Anniversary \_\_\_\_\_

Car(s) Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dues are **\$25.00** per year and are payable each **February**.

Make Checks payable to: Classic Coastal Cruisers of Darien

Print the form and fill-in all the requested information

Mail check and form to:

**Classic Coastal Cruisers**

**PO Box 908**

**Darien, Georgia 31305**