

Coastal Classic Cruisers of Darien

Membership Application

Please Print Clearly

Name(s): _____

Phone Number: _____

Email: _____

Home Address: _____

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