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)

Address: _____
Street or PO Box City State Zip

Home Ph: _____ His Cell # _____ Her Cell # _____

Email: _____

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:

RVCC / LARRY WEINER
P O BOX 5241
Grants Pass, OR 97527

Date of Application: _____ Signature of Applicant: _____

Proposed by: _____
RVCC member's name)

This area for Membership Chairperson use only

Date Received: _____ Amount: _____ Check #_____ Bank _____