

Membership Application

Name: _____

Address: _____

Winter Address: _____

(If applicable)

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

(Birthdates and Anniversary dates are used to recognize members' special days in the monthly newsletter)

Birthday (Month/ Day): _____

Spouse / Other

Name: _____

Cell Phone: (_____) _____

Email: _____

Birthday (Month/ Day): _____

Wedding Anniversary (Month/Day): _____

Special Vehicles: _____

Who recruited you? _____

(If applicable)

In what areas do you have an interest in assisting the CCOCC? (Circle choices)

finances, car shows, secretarial functions, newsletter, membership development and organization.

Please mail the completed application with a \$25 check to:

Capitol City Old Car Club

P.O. Box 16075

Lansing, MI 48901