

CCCC Membership Form



Your Name: _____ Birthday: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____ Email: _____

Spouse/Partner Name: _____ Birthday: _____

Phone: _____ Cell: _____ Email: _____

Anniversary Date: _____

Your vehicle(s) (use the reverse side if needed to list more vehicles):

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

**Make Checks Payable and Send To:
THE CRUISIN' CLASSICS OF CHESTER COUNTY, PA
3947 W. Lincoln Hwy., Unit 178
Downingtown, PA 19335**

Initial membership dues are \$25.00 for the January–December calendar year.
Membership fees accepted after August 31st continue through the next December.
Our yearly **dues renewal** fee, collected October–December, is \$15.00.

Club Webpage: <https://www.cruisinclassicspa.net>
Facebook @CruisinClassicsChesterCounty
Email: CCCC1985@comcast.net