

Date	of	application	

Application for Membership

Name	Birth date							
Address	c	City	State	Zip				
Phone # ()	Cell Phone # (_)	email address					
Spouse's Name	F	Birth date						
Children's Name	E	Birth date						
Name	E	Birth date						
Anniversary Date	Do you wo	ork 2 nd shift [] yes [] no					
4 wheel drive vehicle:	YearMake _ YearMake _		Model Model					
What prompted interest in Tri County?								
What do you expect to do for Tri County?								
What do you expect to get from Tri County?								
By signing this application, I hereby apply for Membership to Tri County 4 Wheelers Club, Inc. I also agree to abide by the club's By-Laws of which I have received a copy. I understand that on completion of attending three club meetings and three club activities within a six month period, I will be voted on for final acceptance. At that time, Dues for the balance of the fiscal year will be due.								
Signature		Sponsor						
Initiation Fee (non-refundable) of \$00 is submitted with this application.								
1 st Meeting	2 nd Meeting	3 rd Me	eting					
1 st Activity	2 nd Activity	3 rd Act	ivity					
Voted on and accepted		Notif	ication mailed					