

Membership Application

PLEASE PRINT CLEARLY

NEW____ RENEWAL____

Your Personal Information is for club purposes only

Regular M	embership	Soci	ial Member	rship
Name:	Date			
Street Address:				mm / dd / yy
	State:			Zip:
E-mail Address:				_
Phone: Home	Cell			
Birth Date: Day	Month		Year	
TELL US ABOUT YOUR CAMARO(S):				
Describe your Camaro(s):	Year	Color	Model	etc.
Dues: New Member - \$12.00 Renewal - \$12.00	Social Member - \$12.00			
ALL DUES COLLECTED ARE NON-REFUNDABLE				
(For Office Use (Only)			
Membership Approved: Yes	_ NO		Amount	Collected:
Waiver Signed:			Member	#
Villages Camaro Club Membership For	m rev. 5/18/20	16	Date	