

PO Box 358  
Dunmore, PA  
18512



A 501c(3) Non-  
Profit Charitable  
Organization  
FEIN 27-2759565

## MEMBERSHIP APPLICATION

Checks Payable to: Villa Capri Cruisers CCI, a 501c(3) Corp.

PO Box 358

Dunmore, PA 18512

- Membership App \$25, Annual Membership \$25
- Application will be voted on by the club board of directors
- If submitting by paper, please send check with printed form.

- Please fill out this form completely as applicable

I can help with (check all that apply)

- |                 |                          |
|-----------------|--------------------------|
| Membership/Dues | <input type="checkbox"/> |
| Health/Welfare  | <input type="checkbox"/> |
| Correspondence  | <input type="checkbox"/> |
| Publicity       | <input type="checkbox"/> |
| Trailer         | <input type="checkbox"/> |
| Calendar        | <input type="checkbox"/> |
| Shirts          | <input type="checkbox"/> |
| Shows/Cruises   | <input type="checkbox"/> |

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ First Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Land Line Phone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Fax: (\_\_\_\_) \_\_\_\_\_

Cars: \_\_\_\_\_

Member Sponsor 1: \_\_\_\_\_ Member Sponsor 2: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ (Not necessary if submitting online)

Notes:

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