



Family Membership Application
 Napa Valley Cruisers
 P.O. Box 3224, Napa, CA 94558
www.napavalleycruisers.com

Applicants Name _____ Birth Date / /
 Spouse's Name _____ Birth Date / /
 Anniversary Date / /

Street Address _____
 City _____ State _____ Zip _____
 Home Phone: () _____ Cell Phone: () _____

In Case of emergency contact: _____ Phone: () _____

Email Address: _____

Do you want our monthly Newsletter emailed to this address? Yes__ No__

Class	Car(s) Owned	Year	Model	Color
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Initial dues are \$55.00 for the 1st year; subsequent years are \$40.00/annually for January 1st to December 31st, and we will prorate for any partial year for new members. This includes spouse and family members through the age of 17.

My Sponsor is: _____
 Make check payable to: **Napa Valley Cruisers**

I/we and my (our) heirs hereby release the Napa Valley Cruisers Car Club and it's Officers, acting officially or otherwise, it's members and club affiliates, from any and all claims or actions on account of any injury, death or damage which may occur before, during or after a Napa Valley Cruisers Car Club event.

Signature: _____ Date: _____

Signature: _____ Date: _____