



# Membership Application

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## VEHICLES OWNED

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>BODY</u>	<u>COLOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For the directory, please include a photograph of your cars or E-mail photos to [admin@thesaccc.com](mailto:admin@thesaccc.com)

Member Dues: \$25.00

Please complete this form entirely and mail with check payable to SACCC

Mail to: Terri Egleberry  
4705 Clayton Ln  
Stillwater, OK 74075

**You must fill this form out by March 15, 2020 to be included in the Club Directory - Thank You!**