

PICKUPS LIMITED SAN DIEGO - APPLICATION FOR MEMBERSHIP

Pick-Ups Limited



Date: _____ Full Name: _____

Spouse's Name: _____ Address: _____

Wedding Anniversary: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Spouse's Phone: _____

Member Info: _____ Spouse/Co-Member Info: _____
 Birth Date: _____ Birthdate: _____

Driver's License No.: _____ Driver's License No.: _____

Email Address: _____ Email Address: _____

Work Phone: _____ Work Phone: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Your Truck: Year/Model _____ Color: _____ License No.: _____

Owned Since Year: _____ Insured By: _____

Year/Make Engine and Transmission: _____

What plans do you have for your truck? _____

Other Club Affiliations: _____

Special Hobbies, Interests or Talents? _____

WHO TO NOTIFY IN CASE OF EMERGENCY- PLEASE LIST TWO.

Name:		Name:	
Address:		Address:	
City, ST Zip:		City, ST Zip	
Phone:		Phone:	
Relationship:		Relationship:	
Hospital Info:		Policy Number	
Religion:		Allergies:	
Special Instructions:		First Aid Knowledge:	

MEMBERSHIP INFORMATION

Sponsored By: _____ Date Voted into Membership: _____

Supplies: Roster By-Laws Constitution Plaque Jacket Club Buss. Cards Other _____

Termination Date: _____ Reason: _____