

REBELS Auto Club New Member Application

www.RebelsAutoClub.com

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ + _____

Your Cell Phone _____ Spouse Cell Phone _____

Your Birth Date _____ Spouse Birth Date _____

Your Email Address _____ Spouse Email Address _____

Newsletter Option (circle one) Snail Mail Email Website

Your Vehicles (Year, Make, Body Style)

Vehicle 1 _____ Vehicle 2 _____

Vehicle 3 _____ Vehicle 4 _____

Vehicle 5 _____ Vehicle 6 _____

*I understand that occasionally photographs are taken at **REBELS** club activities and events and by signing below I give consent to the use of photographs of my spouse/self/child/vehicles to be used in Rebels editorials, publications, and/or promotional material produced and/or published for the good of the club.*

Applicant Signature: _____ Date _____

Note: Cost: \$18.00 per year for one adult member. Cost: \$15.00 per year youth member, 18 years and younger. Membership fees are due each year by December 31st. No prorating of fees if joining after December 31st of each year.

Mail completed application and appropriate payment to:

**Rebels Auto Club
P.O. Box 21996
Lincoln, NE 68542**

To be completed by Club Officer

Received by Club Officer _____ **Amount Paid \$** _____ **Date** _____