

BMCSNJ MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ E-mail: (required) _____

Hard copy newsletters are no longer available, email address is required

Spouse or S/O: _____

HOME PHONE: _____ DAY TIME OR CELLPHONE: _____

LIST YOUR BRITISH CAR(S) and or BIKE(S):

CAR/BIKE #1 YEAR: _____ MAKE: _____ MODEL: _____

CAR/BIKE #2 YEAR: _____ MAKE: _____ MODEL: _____

CAR/BIKE #3 YEAR: _____ MAKE: _____ MODEL: _____

This application is for (check appropriate box below):

JOINING THE CLUB: RENEWING MEMBERSHIP: CHANGING INFORMATION:

LET US KNOW HOW YOU LEARNED ABOUT BMC (our web-site, national club affiliation, Moss Motors, etc.):

Mail to:

BMCSNJ
Steve Ferrante, Treasurer
90 Strawberry Drive
Shamong, NJ 08088