

BMC MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ E-mail: _____

No E-mail, check here: ☐ If prefer/require a hard copy newsletter (black/white only), check here ☐

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 (i.e. BMC web-site, Moss Motors etc.):

Mail to:

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