

## **MEMBERSHIP APPLICATION**

I can help with (check all that apply) Checks Payable to: Villa Capri Cruisers CCI PO Box 358 Membership/Dues Dunmore, PA 18512 Health/Welfare Initial Membership \$50, Renewal Membership \$25 Correspondence Publicity Application may be voted on by the club board of directors Trailer If submitting by paper, please send check with printed form. Digital - Please save the form, email to villacapripa@gmail.com. To submit your Calendar Shirts application fee, click DONATE button on our website www.villacapricruisers.org Shows/Cruises Employer information is optional Date: \_\_\_\_\_ Full Name: \_\_\_\_\_\_ First Name of Spouse \_\_\_\_ Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Land Line Phone: (\_\_\_\_\_)\_\_\_\_\_ Cellular: (\_\_\_\_\_)\_ Email: \_\_\_\_\_\_ Website: \_\_\_\_\_\_ Date of Birth: Shirt Size: Occupation: \_\_\_\_\_\_ Employer: \_\_\_\_\_ Employer Address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cars: Member Sponsor 1: Member Sponsor 2:

Applicant's Signature: \_\_\_\_\_\_ (Not necessary if submitting online)

Notes: