



Please check one New: _____ Renewal: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone#: _____

Cougars Owned

Year	Body Style	Engine	Options
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please make a note of any information you do not want included on the CCNJ/PA membership roster (address, phone#, email address, etc.). The membership roster is used strictly for club use only and is not distributed for commercial purposes.

Signature: _____ Date: _____

Please mail this completed application along with annual dues of \$20 payable to:

**Cougar Club of NJ/PA
496 Mount Hope Road
Wharton, NJ 07885**

For more information contact:
Stuart F. Nembrotti: ww2gamer@optonline.net

CCNJP A web site: www.ccnjpa.com