

A 501c(3) Non-Profit Charitable Organization FEIN 27-2759565

## **MEMBERSHIP APPLICATION**

Checks Payable to: Villa Capri Cruisers CCI, a 501c(3) Corp. I can help with (check all that apply) PO Box 358 Membership/Dues Dunmore, PA 18512 Health/Welfare Membership App \$25, Annual Membership \$25 Correspondence Publicity Application will be voted on by the club board of directors Trailer If submitting by paper, please send check with printed form. Calendar Digital - Please save the form, then click EMAIL FORM. To submit your Shirts application fee, click DONATE button on our website www.villacapricruisers.org Shows/Cruises Please fill out this form completely as applicable Date: \_\_\_\_\_ Full Name: \_\_\_\_\_\_ First Name of Spouse \_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Land Line Phone: (\_\_\_\_\_)\_\_\_\_\_ Cellular: (\_\_\_\_\_)\_\_\_\_\_Fax: (\_\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_\_Website (if applicable): \_\_\_\_\_\_ Date of Birth: Shirt Size: Occupation: Employer:

Cars: \_\_\_\_\_\_ Member Sponsor 1: \_\_\_\_\_\_ Member Sponsor 2: \_\_\_\_\_\_ Applicant's Signature: \_\_\_\_\_\_ (Not necessary if submitting online)

Employer Address:

Work Phone: ( ) Work Fax: ( )

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes:

**PO Box 358** 

**Dunmore, PA** 

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