8512		CLUBINC Organizat
	www.villacapricruisers.org	
ME	MBERSHIP APPLICA	
Dun Membership: \$50.00 Application will be voted on b If submitting by paper, please Digital - Please save the form, 	send check with printed form. then click EMAIL FORM. To submit your button on our website www.villacapricruisers	I can help with (check all that apply Membership/Dues Health/Welfare Correspondence Publicity Trailer Calendar
Date:		
Full Name:	Firs	t Name of Spouse
Address:		
	State:	
Land Line Phone: ()	Cellular: ()	Fax: ()
Email:	Website (if app	licable):
Date of Birth:		
Occupation:	Employer:	
Employer Address:		
	State:	
Work Phone: ()	Work Fax: ()	
Cars:		
Member Sponsor 1:	Member Sponsor 2:	