

APPLICATION FOR MEMBERSHIP

DATE _____

NAME _____

SPOUSES NAME _____

ADDRESS _____

ADDRESS _____

TELEPHONE NO _____

WEDDING ANNIVERSARY _____

CHILDREN _____

MEMBER INFORMATION:

CO-MEMBER INFORMATION

BIRTH DATE _____
DATE _____

BIRTH _____
DRIVERS _____ LICENSE _____
NO. _____

WORK PHONE _____

WORK PHONE _____

EMPLOYER _____

EMPLOYER _____

EMPLOYERS ADDRESS _____
ADDRESS _____

EMPLOYERS _____

HOBBIES _____

HOBBIES _____

DESCRIPTION OF TRUCK

MEMBERSHIP

YEAR _____ LICENSE NO. _____

SPONSORED BY _____

INSURED BY _____

DATE APPROVED _____

COLOR _____ HOW LONG OWNED _____

TERMINATION _____

YEAR/MAKE OF ENGINE & TRANS _____

REASON _____

SUPPLIES: ROSTER _____

WHAT PLANS DO YOU HAVE FOR YOUR TRUCK?
CONSTITUTION _____

PLAQUE _____

CLUB _____ BUS. _____ CARDS _____

JACKET _____ OTHER _____

PERSONAL INTERESTS

OTHER CLUB AFFILIATION _____

CIRCLE AREAS OF INTEREST: DRAGS SHOWS CRUISES PARTIES TRUCK WORK

EMERGENCY INFORMATION

WHOM TO NOTIFY IN CASE OF EMERGENCY (LIST TWO)

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

RELATIONSHIP _____ RELATIONSHIP _____

HOSPITAL INSURANCE _____ POLICY NO _____

RELIGION OR FAITH_____

ALLERGIES TO MEDICATION_____

HOSPITAL/DOCTOR RESTRICTIONS_____

FIRST AID KNOWLEDGE_____