



MEMBER APPLICATION Member# _____ Date _____

First Name _____

Last Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone# _____ **Cell Phone#** _____

Spouse Name _____

Vehicle Make _____ **Model** _____ **Year** _____

Email _____

Other Vehicles _____

Dues Paid \$ _____ **For** _____

Front Tag Given: Yes _____ No _____

Complete form and send with a check for \$30 to:

Roamin' Oldies Car Club

PO Box 5477

Sun City Center, FL 33571-5477