

**Application For Membership**  
**Cape Cod Classics Car Club**  
**P.O Box 1349, South Dennis, Massachusetts 02660**

**Please print clearly... Thanks**

Member: \_\_\_\_\_

Associate or Family Member: \_\_\_\_\_

Circle One – **Associate Member** has voting & input on Club matters

Family Member does not have voting or input on Club matters

Home Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Vehicle(s): (Use back of form for additional vehicles)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

2012 Membership Fees: Member ----- \$25.00

**Associate Member** --- \$10.00

**Amount Enclosed:** \_\_\_\_\_

Please fill out the above information and return this form with your payment.  
Membership renewal is due January 1st of each year. A new member application received after September 15th will pay only \$15.00 for remainder of the calendar year.

**Please send your application to the address at the top of this form, Attn: Club Treasurer**