

Cape Cod Classics Car Club

MEMBERSHIP RENEWAL

Date: _____ MEMBERSHIP YEAR _____

NAME:(Primary) _____ Birthday(Mo/Day): _____

Name:(Associate) _____ Birthday(Mo/Day): _____

Open to any household member when a Primary Member joins and has voting & 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 _____

Year _____ Make _____ Model _____

On or Before the February Meeting:

() Membership Fee (1 Yr) Primary-----\$25.00 Associate Member-----\$10.00

After the February Meeting:

() Membership Fee (1 Yr) Primary-----\$30.00 Associate Member-----\$10.00

On or Before the February Meeting:

() Membership Fee (2 Yr) Primary-----\$40.00 Associate Member-----\$15.00

After the February Meeting:

() Membership Fee (2 Yr) Primary-----\$50.00 Associate Member-----\$15.00

Fill out the above information and return this form with your payment. Make check payable to Cape Cod Classics and send to PO Box 1349, South Dennis, MA 02660, Attn: Club Treasurer

Web Site: www.capecodclassics.org or Visit us on Facebook