



# Membership Application

Date: \_\_\_\_\_

Single/Family Memberships - \$20 a year

Name: Member \_\_\_\_\_ Spouse \_\_\_\_\_

Kids \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell# \_\_\_\_\_ One to notify you of changes

Emails \_\_\_\_\_

Cars you show....Year, Make & Model ( include a picture)

\_\_\_\_\_  
\_\_\_\_\_

Birthdays : Day & Month only

Member \_\_\_\_\_ Spouse \_\_\_\_\_

Comments: \_\_\_\_\_

**Send Money with Application to:** Blacktop Cruisers, 971 S. Prairiewood Dr,  
Rochester, In 46975