MEMBERSHIP APPLICATION

Return completed application at a monthly meeting

APPLICANT'S NAME:						RIRTHDAN	7	
SPOUSE						BIRTIDA	·	
NAME:				BIRTH	IDAY	ANNIVI	ANNIVERSARY	
MAILING ADD	RESS:							
CITY						STATE	ZIP	
Phone (Home	e)		Cell:		E-M	ail:		
are a current me	ember indic onal membe	ate your CTCI #rship application i		(It i	s your respo	nsibility to pay y	nal (CTCI). If you our national dues to your membership	
My Thunderbir	d is a	1955	1956	1957.	License Pl	ate Number:	·	
What club member interested you in joining our club					Newspaper/Other			
of interest.							ures or information	
In what way car	n the club c	ontinue to stimulat	e your intere	est				
Enclosed is my	Check	Cash	Money	Order	in th	e amount of \$		
with at least the any vehicle on a	minimum a SCTC clu the Sacram	ance coverage on o set forth in the Cal b activity, current nento Classic Thun	ifornia Depa membership	rtment of is require	Motor Vehi d in CTCI (cles Code. It is un national organiza	inderstood to drive tion). It is	
SignedDate:								
<i>C</i>		MEM	IBERSHIP DI	UES INFO	RMATION			
Initiation Fee Annual Dues						\$ \$ \$		
Make	check pay	able to the Sacram	ento Classic	Thunderb JSE ONL			ress above.	
Membership A	oplication A	accepted (Date)				p verified (Date)		
Membership Application Accepted (Date) Membership Chair Signature						Membership Kit	Presented	
Editor Na	ame tags	Birth/Ann log	Ros	ter++	E-mail	_	(A/O 1-2-12)	