

MEMBERSHIP APPLICATION

Return completed application at a monthly meeting

APPLICANT'S

NAME: _____ BIRTHDAY _____

SPOUSE

NAME: _____ BIRTHDAY _____ ANNIVERSARY _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Phone (Home) _____ Cell: _____ E-Mail: _____

Our club Bylaws require that you must be a member of the Classic Thunderbird Club International (CTCI). If you are a current member indicate your CTCI # _____. (It is your responsibility to pay your national dues to CTCI). A national membership application is attached. If you are not a current CTCI member, your membership will be verified at a later date.

My Thunderbird is a _____ 1955 _____ 1956 _____ 1957. License Plate Number: _____
What club member interested you in joining our club _____ Newspaper/Other _____

A brief description of your classic Thunderbird as to length of ownership, color, any special features or information of interest.

In what way can the club continue to stimulate your interest _____

Enclosed is my Check _____ Cash _____ Money Order _____ in the amount of \$ _____

I (we) certify that the insurance coverage on our Classic Thunderbird used in club functions will be in compliance with at least the minimum set forth in the California Department of Motor Vehicles Code. It is understood to drive any vehicle on a SCTC club activity, current membership is required in CTCI (national organization). It is understood that the Sacramento Classic Thunderbird Club will not be responsible for damage or loss to a car or contents at any time.

Signed _____ Date: _____

MEMBERSHIP DUES INFORMATION

Initiation Fee	\$15.00	(Membership reinstatement requires Initiation Fee)	\$ _____
Annual Dues	\$25.00	(January 1 st through June 30 th)	\$ _____
	\$12.50	(July 1 st through October 31 st)	\$ _____
	\$25.00	November 1 st through December 31 st)	\$ _____
		(Constitutes payment in full for ensuing new year)	
		TOTAL PAID	\$ _____

Make check payable to the Sacramento Classic Thunderbird Club and mail to the address above.

CLUB USE ONLY

Membership Application Accepted (Date) _____ CTCI Membership verified (Date) _____

Membership Chair Signature _____ Date _____ Membership Kit Presented _____

Editor _____ Name tags _____ Birth/Ann log _____ Roster++ _____ E-mail _____ (A/O 1-2-12)