## MEMBERSHIP APPLICATION

Return completed application at a monthly meeting

APPLICANT'S NAME:				BIRTHDAY			
SPOUSE							
NAME:			BIRT	BIRTHDAY		ANNIVERSARY	
MAILING ADD	RESS:						
CITY					STATE	ZIP	
Phone (Hom	e)	Ce	:	E-N	Mail:		
are a current me	ember indiconal membe	at you must be a mem ate your CTCI #rship application is att ate.	. (It	t is your resp	onsibility to pay y	our national dues to	
My Thunderbird is a19551956 What club member interested you in joining our club			61957	7. License P	late Number:		
What club men	iber interest	ed you in joining our	club		Newspaper/Oth	ner	
A brief descript of interest.	tion of your	classic Thunderbird a	s to length of ow	vnership, colo	or, any special feat	tures or information	
		ontinue to stimulate yo					
I (we) certify the with at least the any vehicle on a	at the insur minimum: a SCTC clu the Sacram	ance coverage on our (set forth in the Californ b activity, current men lento Classic Thunder)	Classic Thunderl nia Department on bership is requi	bird used in o of Motor Veh red in CTCI	elub functions will nicles Code. It is u (national organiza	be in compliance understood to drive ation). It is	
Signed Date:							
		MEMBE	RSHIP DUES INF	ORMATION			
Initiation Fee Annual Dues	` .			\$ \$ er 31 <sup>st</sup> )			
Make	e check pay	able to the Sacramento	Classic Thunde	rbird Club a	·	ress above.	
			CLUB USE ON	LY			
Membership Application Accepted (Date) CTCI Membership verified (Date)  Membership Chair Signature Date Membership Kit Presented							
	nair Signatu ame tags	re Birth/Ann log	Date Roster++	E-mail	Membership Kit	(A/O 1-2-12)	