

# Membership Application

(Please Print)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_



Type of Vehicle(s) Owned

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

Special Features

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

Spouse's Name (if applicable) \_\_\_\_\_

Children's Name (if applicable) \_\_\_\_\_

I, \_\_\_\_\_, hereby apply for membership in the Valley Cruzers Register and enclose my fee of \$35.00 for single or \$50.00 for family.

MAIL APPLICATION AND MAKE CHECK PAYABLE TO:

Valley Cruzers  
PO Box 873994  
Wasilla, AK 99687

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_