

# MEMBERSHIP APPLICATION

Membership is open to those who own vehicles 30 years old and older. Dues are \$20.00 to be paid by June 1st. Membership includes spouse/significant other.

Please make check payable to: Lost in the 50's of MD

Mail to: Lost in the 50's Custom Car Club of Maryland

P. O. Box 115, Glen Burnie, MD 21060

Membership applications are only approved by Membership Chairperson, President, or Vice President of the Club.

1. Would you be willing to show your car at special events, such as promotions, school reunions, grand openings, birthday parties, etc.? \_\_\_\_\_ yes \_\_\_\_\_ no
2. Would you be willing to show your car at parades? \_\_\_\_\_ yes \_\_\_\_\_ no
3. Would you be willing to participate at fellow cruisers' funeral to assist in their final cruise and support their loved one? \_\_\_\_\_ yes \_\_\_\_\_ no
4. Would you be willing, if available, to help at our cruise nights or special events if called upon?  
\_\_\_\_\_ yes \_\_\_\_\_ no
5. Why do you want to join our Club? (please print) \_\_\_\_\_  
\_\_\_\_\_

YOUR NAME \_\_\_\_\_ SPOUSE/SIGNIFICANT OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ ANNIVERSARY \_\_\_\_\_

BIRTHDAY (SELF) \_\_\_\_\_ SPOUSE/SIGNIFICANT OTHER \_\_\_\_\_  
YEAR & MAKE OF CAR \_\_\_\_\_ MODEL \_\_\_\_\_  
BODY COLOR \_\_\_\_\_  
STYLE \_\_\_\_\_  
CONDITION \_\_\_\_\_ STOCK/CUSTOM \_\_\_\_\_

Approved By:		
_____	_____	_____
President of Club	Vice President of Club	Membership Chairperson
Date Approved: _____		