

Bay Area Classics Car Club Membership Application

Full Legal Name :	Date :
Driver's License No. :	Age :
Spouse's Name :	Age :
Children's Names and Age :	
Address:	City :
State : Zip : Phone :	
Make of Car(s):E	Body Style :
Year of Car(s): Engine :	Transmission:
Other Features :	
I (we) enjoy participation in the Following activities: car Shows: Swap Meets : Crus'n: National Events:	
Rod Runs:Working on Cars: Car Tours:	
Upon signing this application, my family and I agree to represent to its constitution and by- laws. We will operate our vehicle or vehicause said club to warrant any bad publicity. We will operate our vehical the State of California and try our utmost to make BAY AREA CLA membership with. I (we) also agree that upon our leaving the club any jackets and/or shirts for the price paid, if said club so chooses	cles in such a manner, not to embarrass or ehicle or vehicles in the confines of the laws of SSICS CAR CLUB a club to be proud to have for any reason, I (we) will sell back to said club,
Sponsored By :	
Applicant's Signature :	
Application (approved) (denied) at membership	meeting held
President's Signature :	
Secretary:	

Please return Application, with check for dues, to: Bay Area Classics Car Club , Insert Address Here