



PAM SCATTERGOOD

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MEMBERSHIP APPLICATION

NAME: _____ SPOUSE: _____

DOB: _____ DOB: _____

ADDRESS: _____ CITY: _____, IL ZIP: _____

PHONE: HOME: () _____ MOBILE: () _____

EMAIL: _____

REQUIRED TO RECEIVE NEWSLETTERS, FLYERS, ANNOUNCEMENTS, ETC...

OTHER SOCIAL MEDIA: _____

CRUISER # 1:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ ENGINE: _____ OTHER: _____

CRUISER # 2:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ ENGINE: _____ OTHER: _____

SIGNED: _____ DATE: _____

DUES: Make checks payable to Cool Cruisers

PLEASE CIRCLE NEW OR RENEWAL - NEW: **\$10** _____ RENEWAL: **\$10** _____ PAID: _____

CLUB SPONSOR: _____

BOARD ACTION: _____ DATE: _____