

SENTIMENTAL CRUISERS CAR CLUB OF OCEAN COUNTY NEW JERSEY

MEMBERSHIP APPLICATION



www.sentimentalcruisers.net
sentimentalcruisersnj@gmail.com

PLEASE CIRCLE ONE: RENEWAL - NEW MEMBER

Please Print Clearly

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____

E-MAIL ADDRESS _____

VEHICLE INFORMATION (VEHICLES MUST BE AT LEAST 25 YEARS OLD)

1. _____ 2. _____
YEAR MAKE MODEL YEAR MAKE MODEL

3. _____ 4. _____
YEAR MAKE MODEL YEAR MAKE MODEL

I HEREBY CERTIFY, THAT I HAVE FULL INSURANCE COVERAGE FOR THE VEHICLE(S) LISTED ABOVE. **I AGREE TO ATTEND AT LEAST 3 CLUB RELATED ACTIVITIES PER CALENDAR YEAR.**

APPLICANT'S SIGNATURE

Date

Member Fee \$25.00

MAKE CHECKS PAYABLE TO:
MAIL TO:

SENTIMENTAL CRUISERS
P.O. BOX 1083
FORKED RIVER, N.J. 08731

DATE: _____

CHECK # _____

CASH \$ _____