



MEMBERSHIP APPLICATION

Name: _____ DOB: (mo./day) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Spouse/Partner Name: _____ DOB: (mo./day) _____

Spouse/Partner Phone: _____ Email: _____

Vehicle(s) Yr/Make/Model: 1: _____

For additional vehicles use back of form if needed 2: _____

River City Cruizers meets once a month at various locations. Meeting site will be announced through our Email, Facebook page & newsletter. If you have any questions about our meetings please contact our club president.

Angela Horowitz (804) 839-7310 or email president@rivercitycruizers.com

Dues are \$25 per year (Jan-Dec) and include your spouse/partner. Please make checks payable to River City Cruizers and submit with this application to:

**River City Cruizers
P.O. Box 2566
Midlothian, VA 23113**

I understand that River City Cruizers' dues are a charitable donation and are not refundable unless membership is declined

Signature: _____ Date: _____