



MEMBERSHIP APPLICATION

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

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size (circle one) S M L XL 2XL 3XL 4XL

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

Spouse/Partner Phone: _____ Email: _____

T-Shirt Size (circle one) S M L XL 2XL 3XL 4XL

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

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

River City Cruizers meets quarterly at various locations. Meeting site will be announced through Email, the club Website (members only page), and Newsletter. If you have any questions about membership please contact our club president.

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

Dues are per year based on joining month as follows:

Single Member \$20

Dual Member (with spouse/significant other) \$25

Household Member (includes children under 18 yrs.) \$30

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: _____