## "Southern Knights Cruisers, Inc." Virginia

## **MEMBERSHIP APPLICATION**

NAME:	SPOUSE/OTHER:			
ADDRESS:	CITY:			
STATE: ZIP:	Do you belong to any other car clubs? ☐ Yes ☐ No			
If yes, identify each.				
Have you ever held an Office?	resent $\square$ or Past $\square$ ? Identify:			
Why do you wish to be a memb	r of this club?			
If approved as a member, what	rea would you like to work in? Cruise-in?			
OTHER:				
outs, music, your profession, e	be any special talents you might be able to provide to for the "Club," or u or your family – Such as cruise-ins, car-fest/flea markets, car shows,	COOK		
	DATE:			
and agree to abide by them. I u	I the information given is true. I further certify I have read the club By-I derstand that any false information given will result in my membership to membership is a privilege and any violation of club rules will revoke it.			
ENDORSED BY:	PRINT NAME DATE	_		
ENDORSED BY:				
SIGNATUL	PRINT NAME DATE			
	**************************************	****		
	DATE:			
MEMBER OF	XECUTIVE BOARD			

<u>Application guidelines</u> - Please print your name address and phone number. Have two Active Club Members sign this application, as your sponsor. Lack of sponsors will mean automatic disapproval of application. Any questions concerning membership should be directed to a Club Officer or Director.

**April 3, 2012** 

## SOUTHERN KNIGHTS CRUISERS, INC.

## **ROSTER INFORMATION**

	Birth Date (Month & day only)	
Last Name:		
First Name:		
Spouse:		
First names of children (under 21):		
Address: (include city, state, zip)		
Classic Vehicles owned (if any) Year, Make, Model		
Important Numbers:		
Home Phone Work Phone (Mr.)		
Work Phone (Mrs.)		
Cell Phone (Mr.)		
Cell Phone (Mrs.)		
Email address		
Web Site Address		

Remember – our roster is confidential for "Members Only"