

CHICAGOLAND PT CRUISER CLUB

MEMBERSHIP APPLICATION/RENEWAL FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL ADDRESS: _____

NEWMEMBER:

RENEWAL:

PT CRUISER INFORMATION

YEAR: _____

MODEL: _____

Membership dues are \$25 annually. Make checks payable to: CHICAGOLAND PT CRUISER CLUB. Mail form and check to:

Chicagoland PT Cruiser Club

% Bob Repin

8010 W. Gregory Street

Norwood Park Township, IL 60656

Method of Payment: _____ Cash

_____ Check

For Club Use Only:

Received by: _____ Date: _____