Cornwall Olde Car Club - 2010 Season Membership Application / Renewal

Name: _____ _____
Surname First Name Spouse's Name

Address: _____
Number Street P.O. Box

_____
City Province Postal Code

Phone: (___)_____ Fax: (____)_____

Email:_____ Yes (____) (Check off if you have high speed internet and are willing to receive the newsletter by email the help cut costs.)

Vehicles:

Year	Make (ex. Chev)	Model (ex. Camaro Z28)	Body Style(ex. Coupe)

Other Information (for Newsletter):
Birthday:_____ Spouse's Birthday:_____Anniversary:_____
MM/DD/YY MM/DD/YY MM/DD/YY

Check off anything that you can help out with:
____ Cruise Nights _____ Planning Shakedown Cruise _____Car Show Committee
____ Newletters _____ Car Show Flyers _____Car Show Day

I agree to comply with the Bylaws, Rules and Constitution of the Cornwall Olde Car Club:

_____ _____
Signature *Date*

Membership is $20.00 per calender year, due in January. Please make check payable to Cornwall Olde Car Club and submit to: Mike Seguin, 18612 Paragon Road, RR#1, Cornwall, ON K6H 5R5