



## APPLICATION FOR MEMBERSHIP

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ ANNIVERSARY: \_\_\_\_\_  
(month and date) (month, date, and year)

SPOUSE NAME: \_\_\_\_\_

SPOUSE BIRTHDAY: \_\_\_\_\_  
(month and date)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ St: \_\_\_\_\_

ZIP: \_\_\_\_\_ HM PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_  
(need email to send news letters)

PLEASE LIST ALL CHILDREN BY NAME AND BIRTHDATE AND ANY OTHER INFORMATION THAT YOU WOULD LIKE TO SHARE WITH THE MEMBERSHIP. (hobbies, cars owned, etc.)

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Dues are \$25.00 per calendar year  
Each membership is a family membership.  
Mail your check with this application to:  
AZALEA CITY CRUISERS  
P.O. BOX 1045  
E. PALATKA, FLORIDA  
32131