MEMBERSHIP APPLICATION

Date Submitted _____/_____/_____

Completed applications should be mailed to: Brent Miller, Treasurer AAC
117 North 3rd Street
Mifflintown, PA 17059

Name:_____ Gender: M or F
Last First Middle Initial

Date of Birth: ___/___/___ Driver's License: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Car Make _____ Car Year _____ Car Model _____

I am requesting membership (Circle which applies)

FULL Membership -- $25 ($15 Non-refundable application fee & $10 dues)

SOCIAL Membership -- $20 ($15 Non-refundable application fee & $5 dues)

JUNIOR Membership -- $20 ($15 Non-refundable application fee & $5 dues)

Disclaimer: I fully understand that submission of this completed application does not constitute automatic admission to the All-American Cruizers. Membership into the car club requires passing a background check and a vote by the membership at a monthly meeting; and, I will accept that decision realizing only the dues portion of the fee will be refunded to me if declined membership.

_____ Shirt Size _____
Applicant's Signature S – M - L – XL – 2X -3X-4X-5X

OFFICIAL USE ONLY

_____ _____
Printed Member/Sponsor's Name Member/Sponsor's Signature

Majority Approved: Yes No Date: _____/_____/_____