



Monday Nite Car Club

Car Club Membership: \$25.00 per family

Note: This is a fill-in PDF form.

Applicant's Name: _____

Other Person's Name: _____ Relationship: _____

Other Person's Name: _____ Relationship: _____

Other Person's Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Year: _____ Make: _____ Model: _____

Car Club Foundation Membership: \$10.00 per person

Applicant's Name: _____

Other Person's Name: _____ Relationship: _____

Other Person's Name: _____ Relationship: _____

Other Person's Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Year: _____ Make: _____ Model: _____

Signature: _____ **Date:** _____ **Total amount:** _____

**Please make check payable to Monday Nite Car Club.
Mailing address: P.O. Box 21029, El Cajon, CA 92021-0980**

Monday Nite Car Club Web Site: <http://www.mondaynitecarclub.com>