



Tri-Lakes Cruisers Car Club

www.tlcruisers.org

MEMBERSHIP FORM

Last Name _____

First Name _____

Spouse Name _____

Address: Street _____

City _____ State _____ Zip _____

Car(s) Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

Phone _____ E- mail address _____

Birthdays (optional) (day and month only) His _____ Hers _____

Anniversary (optional) (day and month only) _____

DUES: \$30.00

Make check payable to: Tri-Lakes Cruisers

Mail to: Tri-Lakes Cruisers

P.O. Box 2902

Monument, Colorado 80132

Member accepts all current rules and regulations.

Signature: _____ Date: _____