2009 MEMBERSHIP APPLICATION
OR RENEWAL FORM
FIRST COAST PT CRUISERS
JACKSONVILLE, FLORIDA

NAME:_____**&**_____
LAST NAME FIRST SPOUSE

ADDRESS:_____
CITY/STATE:_____**ZIP CODE**_____

PHONE NUMBER: ( )_____
CELL PHONE: ( )_____ **(Optional)**

E-MAIL ADDRESS_____

MEMBER'S BIRTHDAY_____ **(Month & Day)**
SPOUSE'S BIRTHDAY_____ **(Month & Day)**

REFERRED BY:_____

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PLEASE LIST YOUR VEHICLE(S)

YEAR	MODEL	COLOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMIT WITH YOUR REGISTRATION AND ANNUAL DUES OF $25.00
MAKE CHECK PAYABLE TO FIRST COAST PT CRUISERS. PLEASE GIVE OR MAIL TO KAREN ALTOMARE-TREASURER, 6371 EMAN DR. N., JACKSONVILLE, FL 32216.