FIRST COAST PT CRUISER CLUB JACKSONVILLE, FLORIDA MEMBERSHIP APPLICATION OR RENEWAL FORM

	DATE	DATE		
NAME:	&			

LAST NAME		FIRST	SPOUSE	
ADDRESS:				
			710.0005	
PHONE NUMBER: ()			
CELL PHONE: ()		ZIP CODE (Optional)	
EMAIL ADDRESS				
MEMBER'S		SPOUSE's		
BIRTHDAY		BIRTHDAY		
(Month	& Day)		(Month & Day)	
ANNIVERSARY				
(N	onth & Day)			
REFERRED BY:				
	PLEASE LIST	YOUR VEHICLE	(S)	
MAKE	MODEL		TYPE OF VEHICLE	

REMIT WITH YOUR APPLICATION AND ANNUAL DUES OF \$25.00. MAKE CHECK PAYABLE TO FIRST COAST PT CRUISERS. PLEASE GIVE OR MAIL TO KAREN ALTOMARE, TREASURER, P.O. BOX 58021, JACKSONVILLE, FL 32241-8021