

# MEMBERSHIP APPLICATION



*Please Print All Requested information Clearly*

NAME \_\_\_\_\_

Spouse or significant other \_\_\_\_\_ Will they be joining? Yes \_\_\_\_\_ No \_\_\_\_\_

## ADDRESS:

House # \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

## PHONE NUMBERS:

Home \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

How do you wish to be contacted for meetings? Phone \_\_\_\_\_ Email \_\_\_\_\_

## VEHICLES(S)

Year \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_

Year \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_

Year \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_

I agree to obey all rules and by-laws of W.C.C.A., attend as many meetings and events as I can. I hereby discharge W.C.C.A. its members and the city of Ferndale from all known and unknown claims, damages to my person or Property.

Signed \_\_\_\_\_ Date \_\_\_\_\_