



SENTIMENTAL CRUISERS CAR CLUB OF OCEAN COUNTY  
MEMBERSHIP APPLICATION  
PLEASE PRINT CLEARLY

PLEASE CIRCLE:            RENEWAL    OR    NEW MEMBER

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPOUSE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

**VEHICLE INFORMATION - VEHICLES MUST BE AT LEAST 25 YEARS OLD**

- |                               |                               |
|-------------------------------|-------------------------------|
| 1. _____                      | 2. _____                      |
| YEAR    MAKE            MODEL | YEAR    MAKE            MODEL |
| 3. _____                      | 4. _____                      |
| YEAR    MAKE            MODEL | YEAR    MAKE            MODEL |

**I HEREBY CERTIFY, THAT I HAVE FULL INSURANCE COVERAGE FOR THE VEHICLE(S) LISTED ABOVE. I AGREE TO ATTEND AT LEAST 3 CLUB RELATED ACTIVITIES PER CALENDAR YEAR.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
INSURANCE CO. & POLICY #

**DUES OF \$25.00 ARE TO BE RENEWED EACH AUGUST.**

**CHECKS PAYABLE TO: SENTIMENTAL CRUISERS  
PO BOX 1083, FORKED RIVER, NJ 08731**

DATE: \_\_\_\_\_ CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_