

NEW MEMBER APPLICATION

To submit your name for membership, fill out this form, then print it and sign it. Mail the form with a check (made payable to the Ben Hur Car Club) for \$20.00 to:

Ben Hur Car Club
P.O. Box 343
Crawfordsville, IN 47933

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date: _____

List Your Antique & Classic Cars

| Year | Make & Model |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Email Address: _____

Member's Birthday (Month/Day): _____

Spouse's Name: _____

Spouse's Birthday (Month/Day): _____

Wedding Anniversary: _____

Children (unmarried, under 21):

Name _____ Birthday (Month/Day/Year) _____

Name of Insurance Carrier: _____

(continued)

I wish to become a member of the Ben Hur Car Club. I promise I will (1) Abide by the bylaws of this club; (2) Assist on committees when asked to do so; (3) Participate in club activities; (4) Uphold purposes of the club in the interest and/or acquisition of antique and classic cars, literature and related subjects. I understand that the Ben Hur Car Club is a non-profit club.

(Signature of Applicant)

For use by club Treasurer:

**Dues Paid \$ _____ For Year _____ Signed _____
(Treasurer)**