

MEMBERSHIP RENEWAL

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
_____	_____
_____	_____
_____	_____
_____	_____

The following information is only required if you wish to report any changes or new information.

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: _____