



Ben Hur Antique and Classic Car Club

Membership Form

To submit your name for membership, fill out this form. Please complete all the necessary information. The information gathered is for club use only and will not be given to anyone outside the club. When completed, print and sign it. Mail the form with a check or money order made payable to "Ben Hur Car Club" for \$20.00 to:

Ben Hur Car Club
PO Box 343
Crawfordsville, IN 47933

Name: _____

Included Family Members: _____

New Membership: ____ Renewal: ____ Junior: ____ (Individual age 16-17)
(Select one by putting an "X")

Address: _____

City: _____ State: _____ Zip Code: _____

Member Birthday: _____

Spouse Name (if applicable): _____

Spouse Birthday: _____ Anniversary: _____

Telephone Number: Primary _____ Secondary _____

Email Address: _____

Do you have a Vehicle: Yes or No (Please Circle One)

If Yes please list the vehicle(s) Use back of form if more space is needed.

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

Insurance Carrier: _____ (Policy number not required)

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____
(Required for Junior Membership Only)

Secretary's Signature: _____ Date: _____

Club Use Only