



MEMBERSHIP APPLICATION

DATE _____

NAME(S) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMAIL _____

MAKE & MODEL OF CAR _____

BIRTHDAY (MONTH/DAY) _____

SPONSOR _____

\$15.00 YEARLY DUES PER FAMILY.

MAIL TO TRI-CITY CRUISERS, PO BOX 113, NEWCASTLE, OK 73065-0113.

POINT OF CONTACT: WALLACE MELLINGER, (405) 381-9449.

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