



**GEORGIA CLASSIC RIDES, LTD.
MEMBERSHIP APPLICATION**

Name: _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Employed by:** _____

Spouse's Name: _____ **Employed by:** _____

Car Make: _____ **Model:** _____ **Year:** _____

Hobbies: _____

Signature of Applicant(s): _____

Date: _____ **Sponsor:** _____

Club Use Only

Date Received: _____

Meetings Attended:

Approved for membership: Yes _____ **No** _____ **Date:** _____

"HELP US HELP KIDS"
P.O. Box 573 • Dallas, Georgia 30132