

INLAND NORTHWEST CAMARO CLUB APPLICATION FORM

ALL RETURNING AND NEW MEMBERS MUST COMPLETE FORM. PLEASE MAIL COMPLETED FORM WITH APPROPRIATE DUES TO:
INWCC, MEMBERSHIP COORDINATOR, PO BOX 4084, SPOKANE WA 99220

PLEASE CHECK

NEW MEMBER

RETURNING MEMBER

PLEASE CHECK

SINGLE MEMBERSHIP \$15.00

FAMILY MEMBERSHIP \$20.00

MEMBER INFORMATION

MEMBER'S NAME

DATE OF BIRTH (MONTH/DAY ONLY)

HOME PHONE

CELL PHONE

EMAIL ADDRESS

MEMBER'S NAME (SPOUSE/SIGNIFICANT OTHER)

DATE OF BIRTH (MONTH/DAY ONLY)

CELL PHONE

EMAIL ADDRESS

MEMBER'S ADDRESS

CITY

STATE

ZIP CODE

HOW DO YOU WISH TO RECEIVE INFORMATION ABOUT UPCOMING EVENTS? PLEASE CHECK APPROPRIATE BOXES BELOW

HOME PHONE

CELL PHONE

EMAIL ADDRESS

CAR INFORMATION

YEAR

MAKE

MODEL

COLOR

STOCK/MODIFIED

1)

2)

3)

4)

5)

DATE OF APPLICATION:

AMOUNT PAID BY CASH

\$

AMOUNT PAID BY CHECK

\$

CHECK #

#