



# WAUKESHA OLD CAR CLUB

Est. 1979

## New Member Application

Name: _____	Month & Birth year: ___/___
Email: _____	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ Cell: _____	
Winter Address: _____	
Sig.: other name _____	Month & Birth date: ___/___
Email: _____	
Phone: _____ Cell: _____	

Cars:	Year	Make	Model	Unique Features i.e. (rat rod, show car, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Dues: Are \$40.00 per year. (\$20.00 with min. 4 work hours)** This also includes, Monthly Newsletter, Roster, Club Events, Social Gatherings & Great Friendships. **Questions? Call Steve @ 1 262 782-4066**

**Total amount remitted \$** \_\_\_\_\_

I hereby certify that I am over 18 years of age, have and will maintain the minimum Wisconsin DOT auto insurance while a member of Waukesha Old Car Club.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail to:** Waukesha Old Car Club - P.O. Box 645 Waukesha, WI 53187-0645  
Attn. Membership (include remittance)

Please tell us how you heard about us. \_\_\_\_\_