



Cars of PALESTINE, Inc.

Membership Application

Member's Information:

Application Date: _____

Applicant's Name: _____

Birthday: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Place of Employment: _____

Work Phone: _____

Other members of your household: (we only need the month and day for the birthdates)

Spouse Name: _____

Birthday: _____

Spouse Email: _____

Wed. Ann.: _____

1.Name: _____

Birthday: _____

Relationship: _____

2.Name: _____

Birthday: _____

Relationship: _____

3.Name: _____

Birthday: _____

Relationship: _____

More members? _____

Yes/No (Use back of page to list them)

Special Interest Autos listing:

Number of autos: _____

#1 Make: _____

Model: _____

Body Style: _____

Year: _____

Special Notes: _____

Running? _____

Yes/No

#2 Make: _____

Model: _____

Body Style: _____

Year: _____

Special Notes: _____

Running? _____

Yes/No

#3 Make: _____

Model: _____

Body Style: _____

Year: _____

Special Notes: _____

Running? _____

Yes/No

#4 Make: _____

Model: _____

Body Style: _____

Year: _____

Special Notes: _____

Running? _____

Yes/No

(Use the back of this form to list more autos.)

Club activities/offices that you would like to be involved in. _____

Name of Member who invited you to join: _____

Return this application to a member of CARS of Palestine or mail to:
Secretary, Cars of Palestine; P.O. Box 2112; Palestine, TX 75802-2112