



Membership Application

Cost per year: \$30.00 for either **Single or Family Membership**

(U.S. currency only) Family Membership includes Spouse and Children up to 16 years of age.

All renewals are due in August and dues are pro-rated for joining in other months according to the following schedule:

January - \$17.50
February - \$15.00
March - \$12.50

April - \$10.00
May - \$7.50
June - \$5.00

July - \$2.50
August - \$30.00
September - \$27.50

October - \$25.00
November - \$22.50
December - \$20.00

Date: _____

About You

Single / Married (circle one)

First Name: _____ Last Name: _____

Spouse's First Name: _____ Spouse's Last Name: _____

Number of Children: _____ Names: _____
(Ages 16 and under)

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-mail: _____

How did you hear about us? _____

About Your Camaro

Model Year: _____ Model: **Coupe** **Convertible** **SS** **RS** **Other:** _____
(circle all that apply)

Exterior Color: _____ Interior Color: _____

Engine: _____ Transmission: _____

Special Features: _____

INSURANCE INFORMATION (Required for all members)

Carrier: _____ Policy #: _____

I certify that the above is true and correct to the best of my knowledge.

Date: _____ Signature _____

Date: _____ Spouse's Signature _____
(if applicable)

Please complete application and mail along with payment to:
Camaro Club of San Diego, P.O. Box 421164, San Diego, CA 92142-1164
Or bring application and payment to the next club meeting.