

Legends Car Club Membership Application

Name: _____ Spouse: _____

Address: _____ Children: _____

Postal Code: _____ Home Phone: _____

E-Mail Address: _____ Bus. Phone: _____

Vehicle Information

1. Make, Model: _____ 2. Make, Model: _____

Year: _____ Year: _____

3. Make, Model: _____ 4. Make, Model: _____

Year: _____ Year: _____

Signature: _____ Date: _____

Mail to: Legends Car Club
Box 2005
Altona Mb.
ROG OBO

*Meetings are held the second Tuesday of each
Month at the W.C. Miller Collegiate Lunchroom.
Starting time: 7:30 PM. **See Events Calendar***

Member: New _____
Renewal _____

Payment: Cash _____
Check _____

*Annual dues of \$30.00 are payable by January 31 st. of each year. **Any members that have not paid up by Feb. 28th will have to re-apply for membership.** Information Hot Line is 324-9923. Web site is www.legendscarclub.ca*

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